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CLINICAL LECTURE.

VAGINITIS; ITS CAUSES, DIAGNOSIS AND TREATMENT.—DIAGNOSIS OF DEATH OF FETUS IN UTERO.

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Gentlemen: Our first patient is a colored woman, thirty-five years old. She presents the following history. Her mother died of phthisis, and she herself was never very strong. She menstruated for the first time at sixteen; the flow was full, free, painless, and lasted on the average for three days. She has had four children, all living and well, has never had a miscarriage, and there is no history of venereal trouble. She menstruated the last time, the eighteenth of this month; after the cessation of the flow she felt sick and weak, and had considerable pain in the lower part of the abdomen, attended with a vaginal discharge, purulent in character. Her appetite is poor; her temperature on admission was between 102° and 103° , and has since ranged a little lower. Her abdomen is distended and tender, although there is no increase in tenderness upon pressure. Upon separating her limbs we see that the vulva is red in color, large, and with the posterior wall of the vagina protruding through it. The perineum, usually an inch and a half in length, is here only about half an inch long. The walls of the vagina are red and angry looking, showing at a glance that there is inflammation of the vaginal mucous membrane.

Inflammations of the vagina are divided into acute and chronic, specific and non-specific, catarrhal, diphtheritic, follicular

and granular. Before entering upon the discussion of the symptoms and causes of the disease, it is well that we should devote a short time to the consideration of the anatomy of the vagina. The vagina, as you know, is a passage which leads from the vulva to the uterus. It is a musculo-membranous canal, and serves as the organ of coition and to convey the discharges from the uterus, and also affords passage for the fetus in parturition. Its wall consists of three layers—an outer layer of areolar tissue, a middle or muscular, and the internal, or mucous membrane. The mucous membrane is lined with pavement epithelium, resembling very closely that of the integument; this resemblance is still more marked where the vagina is exposed to the air or to friction with the clothing or limbs. The mucous membrane of the uterus has a columnar epithelium, this terminates at the external os. The mucous membrane of the vagina is thrown into folds called rugæ. Under inflammatory conditions, the swelling of the mucous membrane leads to the obliteration of these folds, and the outer layer of the epithelium is thrown off, so that it presents a smooth, glazed appearance, and imparts to the finger the sensation of passing over velvet or satin. In such inflammation we find: First, the mucous membrane becoming dry, hot and glistening; later there is increased secretion, the discharge presenting a whitened appearance from the presence of desquamated epithelium, or it is yellowish and greenish from the presence of pus and broken down blood. These latter conditions occur where the desquamation has gone on to the formation of points of ulceration.

Vaginitis may be caused as follows: First, from contact with specific poison; second, from the contact of various mechanical agents, such as may be used in the vagina for disinfecting or examining; third, from traumatism due to parturition, excessive or violent coition, or by the use of the

• pessary; fourth, discharge from the uterus or sinuses, from abscesses opening into the vagina, such as pyosalpinx, or from the sac of an extra-uterine pregnancy.

In this patient the cervix is hard and firm, the body of the uterus is less resisting and is somewhat enlarged and flabby, it sags down from its increased weight, so that it is sometimes felt in a retroverted and at other times in an anteverted position. The tympanitis and tenderness show that there is threatened pelvic trouble, and extension of the trouble through the uterus into the Fallopian tubes, suggesting a possible peritonitis. This is still further demonstrated by the temperature and constitutional symptoms.

It is very difficult to distinguish between specific and non-specific vaginitis. Frequently the use of the microscope is essential to demonstrate the presence or absence of the specific micro-organisms in the discharges. It is not necessary that the discharge be specific in order to be infectious. Urethritis in the male may be easily developed by contact with the discharge from an endometritis. In this patient the condition is, without doubt, non-specific, from the rapidity with which the symptoms are subsiding under the simple method of cleanliness, which has been used. If it were specific, so marked an improvement would not occur so rapidly, or under such simple treatment. The purulent character of the exudation shows that the following process has occurred: the desquamation of the epithelium was followed by its decomposition, which, in its turn, produced inflammation, resulting in ulceration; the watery, milky discharge became yellowish and greenish in its appearance, and more viscid in its consistency. Bumm, in his investigation of the subject, has come to the conclusion that the vagina is rarely or primarily the seat of the specific infection; because the pavement epithelium, in its normal condition, proves a resisting wall to the entrance of the germ, while the columnar epithelium in the cervix affords a much more ready opportunity for its entrance, and is the common seat of its origin, while, from this point, it spreads to the vagina. Where the vagina has been the seat of repeated inflammation, a new inflammation sets up more quickly and extends with greater rapidity. On the other hand, the inflammation is more likely to spread to the uterus and tubes; and it is for this reason

that we find tubal disease so frequently as a result of specific disorder. I would not wish to be understood, however, as affirming that all causes of tubal and ovarian trouble are due to specific origin; it is unjust to the character of many of our patients to ascribe this. Exposure to cold or dampness, the introduction of septic material through examination, either by the finger or by the use of instruments, may readily produce similar disorders in a patient who has been subjected to an inflammatory condition of the tubes, and who is very susceptible to recurring attacks upon the slightest exposure. Catarrhal inflammation in the tubes leads to increased discharge. So long as this can make its exit through the uterine end, the patient suffers but slight inconvenience; when the latter becomes contracted, as a result of the swelling of its mucous membrane, the discharge is likely to regurgitate into the peritoneal cavity, where it leads, at once, to inflammation which seals up the abdominal end of the tube. A sac is thus formed in which fluid is likely to accumulate, producing a condition known as hydrosalpinx. If septic germs, by any means, come in contact with it, we may have the fluid change, producing a pyosalpinx. Where the distended vessels rupture, and the tube becomes filled with blood, it is known as a hematosalpinx. As a sequel to inflammations which have extended from the vagina, we may have an irritable condition of the peritoneum at the tubal orifice, which is excited at each menstrual period, producing abdominal pain and tenderness similar to the irritation of the upper lip and margin of the nose from a catarrhal condition of that organ. Another possible sequel is extra-uterine pregnancy. Under the inflammatory process, we have the mucous membrane losing its ciliated epithelium, producing denuded points, or again the Fallopian tube is flexed, constricted, or so bound down as to have lost its peristaltic action, and the passage of the ovum to the uterus is delayed or hindered. On the other hand, the spermatozoa may find their way through the tube to the delayed ovum, leading to its fecundation and development in this situation. This is the theory for the development of tubal pregnancy. The advocates of this theory deny the possibility of abdominal pregnancy, except as secondary to rupture of the tube and escape of its contents into the abdomen. It does not, however, seem any more difficult to believe

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that the ovum, having been fecundated in the abdominal cavity, may find opportunity, possibly from the previous irritation of the peritoneum, for its nutrition and development, than that the contents of the tube should take on new attachments after they have ruptured that organ. The possibility of abdominal pregnancy has been demonstrated in a case in which the uterus was removed supra-vaginally, an ovary having been left. Pregnancy occurred in this case and led to the death of the patient.

In the treatment of vaginitis, many cases are relieved by no other measure than strict attention to cleanliness, as in this patient, for whom the treatment has been simple washing out of the vagina with hot water, or hot water containing boric acid, which has here led to the subsidence of all the symptoms. Inflammation may be kept up by the want of removal of the exudations; frequent irrigating removes this material. In more severe inflammation of the mucous membrane, irrigation with astringent remedies is very beneficial. Avoid syringes which force the water with violence into the vagina. Use in preference a fountain syringe, placed about three feet above the patient, and allow it to be used while she is in a sitting or semi-sitting position, to permit a free return of the fluid, whereby ballooning of the vagina is prevented. Inject several times, two quarts of water at one sitting. Keep the nozzle of the syringe below the uterus, and move it about, this precludes the entrance of water into the uterus, which might give rise to violent attacks of uterine colic and increase the danger of septic material being washed into it. One of the most effective preparations for injection is a sublimate solution in the strength of 1, 2, 3 or 4 to 1,000; which may be followed by some astringent, such as sulphate of zinc—40 to 60 grains to the quart. Acetate of lead, gallic acid, tannic acid or extract of hydnaristis (which is another form of tannic acid), may be used. If the removal or sterilizing of the discharge is incomplete, it is important to supplement this treatment by placing the patient in the Sims's position and go over the mucous membrane with a mop, containing some such agent as nitrate of silver, in a two per cent. solution. By the use of a Sims's speculum it is possible to reach the summit of the posterior and anterior fornices of the vagina, and the posterior surface may be reached as the instrument is withdrawn. In very many cases the

application of the remedy with a spray is a very effective method, as the evenly-divided material is driven into the cracks and crevices not touched by the mop.

Where extensive ulceration exists, still further treatment is essential. The vagina must be tamponed to keep the surfaces apart. Gauze is the best agent for this, and that made with iodoform is the least irritating. This can be packed in lightly, or the whole vagina may be plugged. The gauze can be placed in dry, or wet with some antiseptic solution.

In follicular vaginitis this treatment does not suffice. In such cases we find the true layer of epithelium is gone, and in its place is a growth of papillæ. It is necessary to destroy these papillæ. Generally the best agent for this purpose is the thermo-cautery.

There is a form of granular vaginitis which is apt to occur in women of intemperate habits, especially if they have passed the climacteric. It is in reality a senile vaginitis, and is likely to proceed as long as indiscretions in diet and drinking are kept up.

Vaginitis is likely to appear in plethoric subjects with a gouty diathesis. In the latter case all blood conditions must be improved. In all cases, remember that there is danger of extension if the case is not properly treated. In displacement of the uterus its cavity may be dilated. Its contents are not freely drained, and may be discharged at intervals, giving rise to the impression on the patient that she has had an abscess discharge. This material is exceedingly irritating, and invariably gives rise to inflammation of the vagina.

From what I have said of the cause and treatment of vaginitis, you will readily perceive the importance, in every case, of examining carefully as to the conditions which may have originated it, and of directing your treatment to correction of the conditions by which it has been caused. This demonstrates that you cannot divorce the special from the general practitioner without disadvantage to the doctor and patient.

Death of Fetus in Utero.

Our next patient is another colored woman, twenty-three years old. She has always had good health, and seven years ago gave birth to a child at seven months. Since that time she has been regular. She saw her menses last in March of this year. She has suffered with nausea, which was

brought under control; and movements of a fetus were felt in August. But at each monthly period she has had a slight appearance of the menses. She has reached the seventh month of pregnancy, but the question we have to decide for her, is: Is her child living? She has felt no fetal movements for two weeks. The fetal movements are usually felt first at four and one-half months, so women are accustomed to reckon from this period four and a half months to the time of the expected confinement. This is, however, unreliable as a date, as movements have been felt, occasionally, as early as the fourteenth week; and Underhill has mentioned a case in which the patient felt the movements at the eleventh week. The first sign is a sliding, gliding, quivering movement, which usually gives rise to nausea, faintness or sickness. It has occurred, however, that the woman would go through the entire period without a single movement of the fetus. This is due to the fact that the fetus is held tightly in the membranes, which contain but little fluid, so that its opportunity for movement is slight. The absence of fetal signs is not, then, a positive indication of disease or death of the fetus. Ordinarily at the seventh month the fetal movements become stronger and more frequent. Sudden death of the fetus is often preceded by violent convulsive movements, followed by subsequent total cessation. This may be due to some disease in the fetus or in the placenta, or to twisting or knotting of the cord. When the fetus dies the abdominal walls become flaccid, and the fetus can be pushed from side to side without exciting any resentment. It lies perfectly passive, when before it would resist movement with a kick or blow. Another indication of death would be the absence of the fetal heart sounds. These sounds are not always heard. When the fetus is turned with its back to that of the mother, and does not approximate the anterior part of the abdomen, the fetal sounds may be absent, and the fetus still in a healthy condition. If the sounds have been repeatedly heard and then suddenly disappear, this, with the other suspicious symptoms, would justify us in suspecting the death of the fetus. This is especially true when external examination demonstrates the fact that the fetus is in such a position that its heart sounds should be readily heard. Fetal death is still further confirmed when the breasts of the mother become soft and relaxed. This indicates

that Nature recognizes the fact that there will be no demand made on them for nourishment. As the dead fetus undergoes changes, auscultation may give sounds like crackling and bubbling, which arise from the generation of gas and its passage through fluids. The patient will also complain of constitutional impairment and lassitude. All these signs are present in the patient before us; so that I have no hesitancy in saying to her that the fetus is positively dead. The cause of her trouble is probably a fatty degeneration in the placenta, by which its vessels are interfered with, and nutrition is arrested. This trouble is due to a specific cause; the woman is syphilitic. [This patient was delivered a few days later of a macerated fetus.]

COMMUNICATIONS.

HYGIENE OF INFANCY.¹

BY GEORGE N. HIGHLEY, M. D.,
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There is perhaps no single topic about which so much has been written and spoken as the care and management of infancy; and I should deem my subject too trite to bring before this Society, were it not for its great importance, and for the fact that each of us has to deal daily with the problems arising therefrom. Further, it is a duty which we owe to Science and, greater still, to Humanity, to constantly observe and study those facts which will aid us to pilot the little ones safely over that dangerous period, during which so many fall victims to disease and death.

With our advancing civilization Society is constantly making the infant's environment more unhealthy; daily making more difficult its struggle for existence.

Science is ever giving us new facts about the cause and nature of disease; but little progress is made in their prevention or their treatment. What does it avail that we are able to detect the cause of disease in living germs, so long as we allow to remain around us fertile fields for their propagation, and have no practical means of protecting the system from their deadly influence?

In dealing with the problem, how best to conserve the health and lives of the little

¹ Read before the Montgomery County Medical Society.

ones—we naturally turn our attention to those elements and conditions which experience has shown us to be deleterious to them. These are: excessive heat, impure air, water and food, improper kind of food and food improperly administered, errors in clothing, bathing, etc. I have purposely placed excessive heat first on the list, because its influence in the causation of the diseases of the digestive system of infants is greater than all the others combined, taking them as we usually find them. I do not underrate the evil influence of polluted air and water and food, and of improper and irregular feeding; these are bad enough, to be sure; but their harmful effects are decidedly mitigated by a cool atmosphere, so that in winter death from a diarrhoeal disease is quite exceptional. On the other hand, the excessive heat of summer carries off many victims that have been nursed at the breast and have had their hygienic conditions as favorable as possible.

Cases like the following are of frequent occurrence. A child in the sultry summer weather becomes peevish and restless; its head is hot, its mouth and lips dry. The mother feels its gums and discovers that it is teething (it is well to remember that children are always "teething" during the first two years of life). Should the infant continue ill, a physician is summoned; if no diarrhoea or vomiting has occurred, he is apt to agree with the mother, prescribe a bromide or an opiate, or perhaps scarify its gums and pass on. If there has been stomach and intestinal derangement, he will likely inquire carefully into the character of its food, the methods of feeding, etc., correcting any errors in these. He prescribes some medicines, and expects that he will find it much better on the following day. Too often he does not; too often he finds it with a pinched, anxious expression, sunken eyes, cold extremities and with frequent vomiting and purging—in a word, that it has cholera infantum and that its chances of life are very slim. It is possible, perhaps probable, that a large number of the little patients affected in this manner would make a speedy recovery if early treated with cold affusion; and if their mothers and nurses had known the important part that heat plays in causing these complaints and as diligently guarded their babes against the ravages of summer's heat as they do against the chilling influence of winter's cold, cholera infantum would have a great many less victims.

If the home is a one or two-story dwelling in a crowded street, unprotected by trees, or otherwise, from the glare of the sun, it is often a difficult matter to shelter the infant from the external heat. But even in the most unfavorable conditions, much can be done. The child should be dressed lightly—a light, thin woolen shirt (made of the finest lamb's wool if possible), neatly fitting and long enough to reach the hips, with a thin dress, is all the clothing required for the body. If the weather becomes cooler, more clothing can easily be added.

The child should also have frequent baths—not with wash-rag and soap and a basin of water—but immersed in a tub of water at a temperature of 85°, and less as it becomes accustomed to it. It should remain in the water only a few minutes, of course.

The infant should also be taken out regularly in the early morning and in the cool of the evening, to some locality where it can have a good supply of pure air. In the midday let it take its nap in the coolest and airiest room the house affords; if this is necessarily a hot one, the morning and evening rides and the cool baths will do much to enable its system to endure it.

The thought of pure air and water brings up questions in general hygiene that I need not enter into here; it will be sufficient to repeat a well-known truth, namely, if the streets, alley-ways and back-yards could be kept free from all decomposing organic matter, a most important factor in the etiology of disease would be removed.

The question of infant feeding continues to be one of supreme importance. High temperature and bad food are the two prime factors in causing the diseases that annually carry off so many little victims, and in a measure they depend each upon the other for their pernicious effect.

It is conceded by all that the natural diet of the infant—the mother's milk—is the best that can be given it. Of the large number of deaths from cholera infantum in our large cities, only three per cent. occur among infants fed at the breast, while over 90 per cent. are bottle-fed babies. Naturally it would seem that every effort ought to be made to help the mother nurse the child. I venture the assertion that the person who can invent or discover a remedy that will promptly cure an eroded nipple, will have invented or discovered a means of saving thousands of human lives.

The second best food for the child is un-

doubtedly cow's milk, modified so that it shall closely correspond in chemical composition to mother's milk. There have been numerous attempts at accomplishing this. Many mixtures have been devised, and the market has been flooded with patent foods, all claiming to be perfect substitutes for the milk of the mother. A careful comparison, however, will show that, in nearly all of them, there is a wide departure from the natural food. The following mixture, recommended by Dr. T. M. Rotch, in the *Cyclopedia of the Diseases of Children*, approaches as near to it as any that I have seen, and thus far it has answered well in the cases in which I have tried it. It is really a modification of what is known as the "Meigs Mixture," and is made as follows. For an ordinary 8-oz. nursing bottle: Milk, 1 oz.; lime water, $\frac{1}{2}$ oz.; cream, $1\frac{1}{2}$ oz.; milk sugar, $\frac{1}{2}$ oz. ($\frac{3}{4}$ drams); water, $4\frac{1}{2}$ oz. The objections to this are, that at first its preparation seems a trifle troublesome, and, second, that it is somewhat expensive—a matter of some consideration to the poorer classes. It is, however, quite as easily prepared as many manufactured infants' foods, and does not cost any more—at any rate, it is much less expensive than a funeral.

There are other matters, quite as important as the kind of food, which should have careful attention. These are: the quality of the food and the quantity, and the method of its administration.

Pure, unaltered milk, no matter how it may be mixed, is absolutely indispensable to the well-being of the infant. If it can be procured shortly after it is milked from the cow, and placed on ice, that is all that is necessary. If it cannot be obtained until it has been carried around in cans for several hours, then it should be boiled and bottled—the mouth of the bottle being stoppered with a pledget of cotton—after which it is placed on ice, or in pans of cold water if ice cannot be obtained.

Having procured and prepared a good food, the next question is that of its administration. Errors in this are frequent and serious. Early the infant should be taught to want its food at regular intervals—never less than three hours. If this be carried out, errors in quantity will be little likely to occur. The child's desires will be a good index of how much it ought to have. The reprehensible practice of giving babies bottles with long tubes, and letting them alternately sleep and suck for hours, is so obvi-

ously bad that mere mention of it is sufficient.

Of the various methods of peptonizing milk, little need be said. For a baby whose digestion has been temporarily overtaxed, they may be used with much benefit for a short period. Used regularly, they do harm by seriously interfering with the normal digestion—diminishing the secretions of the natural digestive ferments.

The following rules of guidance seem to me to be as near correct as the present state of our knowledge will warrant.

Use every reasonable effort to have the mother nurse her child. If this is impracticable, endeavor to obtain a supply of pure cow's milk twice daily if possible. Use the best means possible to protect the milk from fermentative changes (or from bacteria if you choose). Modify it in the way that I have described, if possible; otherwise give it pure or simply diluted with water and a little lime water. Give it at regular intervals, and never at shorter intervals than three hours. A single feeding should not occupy over half an hour; nor, on the other hand, should the milk be taken too rapidly. After using, the feeding bottle should be thoroughly scalded and cleansed. Clothe the infant lightly in hot weather. Bathe it frequently, using soap sparingly. Keep it in the outside air as much as possible, especially in the early morning and in the cool of the evening. Above all, remember that heat is a most important factor in the causation of disease.

RESORCIN.

BY ALFRED EICHLER, M. D.,

SAN FRANCISCO, CAL.

Resorcin is an article deserving of more attention than it has hitherto received. It occurs in rhomboid prismatic crystals, white and shining in its pure state, with a sweetish taste and a somewhat pungent smell. If exposed to light or kept in a moist place it will soon acquire a reddish tinge, but it does not lose its activity. It is soluble in water and alcohol, also in ether. Solutions assume on standing a darker, whiskey-like color, without any impairment of their activity. In very concentrated solutions it acts as a mild caustic, if applied to mucous membranes; it does not irritate sound skin, however. When sufficiently diluted it seems to have a soothing effect.

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ing effect on inflamed surfaces and also on the mucous membranes. Internally it may be administered in doses ranging from two to fifteen grains.

Resorcin belongs to the phenol group; its medicinal qualities therefore resemble somewhat those of carbolic acid. It arrests fermentation and decomposition, and hence possesses antiseptic properties like its congeners. It is to be preferred to carbolic acid in all instances when the latter proves too irritating. Consequently it is especially useful in all affections of the mucous membranes; it is then used in aqueous solution, largely diluted. A three to five per cent. solution is mostly preferred. In catarrh of the posterior nares and of the pharynx it is found to be an excellent application; it is also useful in all affections of the upper air-passages. Here it is preferable to almost any other antiseptic; an aqueous solution may be used ad libitum, and can do no harm if swallowed in ordinary quantity. This alone would be a good reason to prefer it to bichloride of mercury or carbolic acid; but it also improves the local conditions quickly and gives great relief to the patient. For this purpose it can be combined with other substances. A good formula is presented by the following:

R. Resorcin	2 drachms
Salicylate of soda	1 drachm
Biborate of soda	1 "
Glycerine	2 fl. ounces
Water to	8 "

Mix and dissolve. S. Use freely three times daily.

This solution will soften and bring away all-hardened secretion, relieve the congestion and lessen the usual discharge. For thus cleansing the naso-pharynx a posterior nares syringe should be used instead of a nasal douche, which in unskilled hands is very likely to create mischief, that is, inflammation of the middle ear. This can be caused by the patient performing the motion of swallowing while the liquid passes the orifice of the Eustachian tubes, connecting the naso-pharynx with the middle ear. During this act the tubes open and a small quantity of liquid may pass up into the ear and give rise to a severe inflammation. A posterior nares syringe will do the cleansing equally well, if not better, and does not endanger the patient.

In many other affections of the air-passages does resorcin give great relief. Whooping-cough, asthma, bronchitis and

laryngeal ulcers are benefited by it. It is especially valuable in chronic ailments of this kind; it is of less use, however, in the acute affections, like croup and diphtheria. It should be applied in diseases of the throat with an atomizer spray or inhaling apparatus. A five to ten per cent. solution will serve all purposes.

Resorcin sometimes acts charmingly in other diseases of the mucous surfaces; it is an excellent injection in all stages of gonorrhoea, although it here also produces more benefit during the latter stages; in inflammation of the neck of the bladder it may also be employed. From two to five per cent. solutions will be the proper strength to use.

During the last few years some of the leading dermatologists have praised resorcin as an efficient remedy in various diseases of the skin, especially those of a fungous origin. It may be conceded that it does exert considerable influence in this way, but it must also be acknowledged that resorcin is much inferior to chrysorobin in this respect. In very old skin affections, like eczemas of long standing, where the skin needs stimulation, it is quite useful and recommends itself by not producing any stains or other disagreeable consequences, besides being completely harmless.

Resorcin may be elegantly dispensed in ointments having lanolin as a base and containing from 10 to 20 per cent. of the active ingredients. It can also be applied dissolved in ether and collodion, and will then form an excellent antiseptic protective.

The internal use of resorcin is chiefly limited to producing its antifermentative action. In gastric and intestinal catarrh, dilatation and ulcer of the stomach and in all those diseases where gases are produced in the alimentary canal, its use is indicated. Impure resorcin is said to occasion vomiting, but, according to Andeer, pure resorcin is one of the very best and most certain remedies against vomiting, and he says that it will prove efficient in all possible forms of vomiting, as in those caused by pregnancy, kidney and liver diseases, also by sea-sickness and after excessive eating and drinking of alcoholic liquors. The doses as applied by him range from five to forty grains. It is most conveniently administered in capsules.

Resorcin has also been recommended, like many other antiseptic drugs, in the strictly septic states, like puerperal fever and

erysipelas. It is of little or no use for this purpose.

An advantage of this drug consists in the fact that aqueous solutions of resorcin possess no smell whatever, and also, that they may be combined with alkalies in any proportion without losing their antiseptic value.

FATAL HEMOPTYSIS FOLLOWING TYPHOID FEVER.

BY STANLEY M. WARD, M. D.,
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I have purposely abstained from entitling this communication hemorrhage, a sequel of typhoid fever (using the term sequel as it is commonly used in medicine, viz., as following or dependent on the antecedent disease) for two reasons: first, because of my utter failure to find anything like it in my search through the standard medical works and periodical literature of the day, and secondly, because the history of the case reveals peculiarities which some may think militate against this view. I have therefore thought best to term the hemoptysis a sequel only as regards *time*, though I am of the opinion that it was a sequel both as to *time* and *cause*.

History, personal and family of E. B., male, 21 years old. Habits excellent; works as a skilled laborer in a stove foundry, the air of which is said to contain minute particles of iron and steel; is catcher for a strong amateur base-ball club and is also an athlete. During the past three years at long intervals—just how many times is unknown—he has, after severe exertion, spat up a little blood. He never experienced any ill effects therefrom, and was always well and hearty. He works every day, and has lost neither appetite nor flesh. Mother—the only member of the family not living—died ten years ago of acute pneumonia. Has three brothers and two sisters, who, with the father, are perfectly well. On August 29 he had a general feeling of malaise, chilliness, headache, etc. Bowels a little inclined to be loose. Worked but half the day. On the 30th and 31st, these symptoms continued, though domestic remedies and fair sized doses of quinine were taken. He did not feel sick enough to remain in bed, but did not work. His appetite was nil. On September 1, he took a short trip, and was gone all day. On returning in the evening he

remarked that he "never felt so tired before in his life." He arose the next morning, however, feeling much as he had before. I saw him at 2 P. M. of this day, having gained the information herein given. No record was made of the last blood spitting, but he thought it occurred some time in the spring. A careful examination of the chest revealed no lesions of heart or lungs—which somewhat surprised me. His pulse was 100, his temperature $102\frac{1}{2}^{\circ}$; he had had two passages from the bowels that day, he complained somewhat of pain on pressure over the abdomen. He also had some headache. The diagnosis was reserved. On September 3 his morning temperature was $101\frac{1}{2}^{\circ}$, and his bowels had not moved again. He had no cough. There were one or two poorly defined spots on his abdomen, and slight iliac gurgling. His mind was clear and he insisted that there was nothing the matter, except that he was tired.

I now diagnosticated walking typhoid fever, and put the patient to bed, ordering a liquid diet and a few drops of acid to be taken several times daily, also sponging with lukewarm water twice daily.

So, for ten days more his symptoms remained. Sometimes his temperature would reach 103° , and sink to 101° in the morning. Sometimes the bowels moved naturally, and sometimes he required a little glycerine to secure a stool. A few more spots appeared on the abdomen. Indeed, hardly a symptom was lacking of a typically mild case of typhoid fever.

On September 13, his temperature was 99° , and on the following day reached to normal, remaining there also at night. He now became very anxious to eat, and it was with some difficulty that his appetite was appeased. On September 16 he sat up and was partially dressed. On the next day he walked a little way out of doors, sending a message to me that his people were starving him. On September 20 he did not leave his room, complained of headache and coughed some; and these symptoms continuing, I was sent for in the afternoon. I found him in bed, looking anxious and tired. He felt certain that a relapse was to occur, and was much discouraged. His pulse was 120, his respiration 25, his temperature $103\frac{1}{2}^{\circ}$. A short, hacking cough was very persistent, and his lungs now showed signs of bronchial irritation, râles of every kind being plentiful. From all the rational and physical signs, I looked for an attack of

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catarrhal pneumonia, and so expressed myself. He was ordered a lukewarm bath, and given eight grains of antifebrin, followed by a full dose of aromatic spirits of ammonia. At 9 P. M. his brother informed me that his temperature was $101\frac{1}{2}^{\circ}$ and his breathing more easy, and also that he had raised some blood. He did not know whether the blood was mixed or unmixed with the sputa, and evidently thought the patient a great deal better.

I saw him at 8 A. M. the following morning. He was weak, looked ensanguinated, his pulse was feeble, 130 , his temperature 103° , his breathing rapid. He was then expectorating nearly pure, red blood, and from the vessel in the room I judged he had lost nearly a pint. Recognizing the extreme gravity of the case, I requested Dr. L. as counsel. He joined me a short time thereafter, and recommended giving gallic acid in addition to the ergotine I had given hypodermically, with other approved measures. We went over the case from its incipency, and though differing as to the exact cause of the hemoptysis—whether due to pre-existent lung trouble or a direct sequel of the fever—neither of us hesitated to diagnose pulmonary hemorrhage or to give an unfavorable diagnosis. The lungs were not hepatized, but the air produced a slushing sound as it passed through the bronchi and entered the ultimate lobules, as though they were partially filled with liquid. The patient gradually failed, and died of exhaustion at noon on September 22.

The question naturally arises: Was the hemoptysis dependent on the attack of fever through which he had passed? Unless this be answered in the affirmative, one is almost forced to conclude that the patient had phthisis prior to August, and was suffering from its ravages even while appearing hearty and well, exhibiting no symptoms, except a slight loss of blood after hard exertion, rational or physical. This opinion, I am forced to say, was my consultant's; but it leaves unexplained the patient's apparent health and the week of convalescence.

Readers of Da Costa's *Medical Diagnosis* will recall the cases there alluded to, of hemoptysis occurring without perceptible lung lesion. I do not think, in this case, the attacks of bleeding prior to the fever had much, if indeed any, connection with the fatal one. I believe that had the man lived, phthisis from hemorrhage would have existed—cases of phthisis being recorded as

following typhoid fever—but that the first symptom, hemoptysis, was too severe for his enfeebled system to overcome, and so death resulted.

Although I believe hemorrhage from the lungs in typhoid fever is by no means unknown, it seems very strange that I failed to find, after a search quite thorough in its character, any recorded case of hemoptysis following typhoid fever. I trust the extreme rarity of the case will be a sufficient excuse for reporting it at this length.

REMARKS ON INFLUENZA.

BY J. CHESTON MORRIS, M. D.,

PHILADELPHIA.

I wish to place a fact on record at this meeting of the College, and a hypothesis as to the nature of the epidemic influenza which we have all been treating during the past eight months.

The fact is this: In December last I was called to see Mrs. W., living on Thirteenth street, below Lombard, and found her suffering from a severe attack of the "grippe." Her first remark to me was, "Doctor, I am attacked by the same cold you cured me of last August." On turning over my notebook I found that I had in August recorded her case as influenza.

Now, then, for my hypothesis as to the nature of this singular malady. We have had it recurring more or less irregularly, with greater or less severity since 1842. Each epidemic has been marked by symptoms of its own—in one year the force of the disease would seem to expend itself on the throat; in another, on the mucous membranes of the eyes and nose; in another, on the bronchial surface. In all, as in the epidemic of this year in a more specially marked manner, there has been one feature in common of this Protean disease—that of debility, prostration of strength and vital energy. The first uncomplicated fatal case in this city, I believe (that of Mrs. C., on Thirty-eighth street, above Market), was one of simple loss of power in heart and lungs. From what I have since seen, I believe that the death of Professor S. (Lombard street, below Fifteenth), whom I saw in consultation at the close of what his attending physician called a low nervous fever, preceded by repeated alarming attacks of heart-failure and pulmonary congestion,

was due to the same cause. This view, that there is a loss of power of the heart and lungs to perform their work is, I believe, shared by the great majority of observers. But this epidemic has been characterized by three other sets of symptoms: First. Violent neuralgic pains in various parts of the body. Second. Intense mental and nervous depression, out of all proportion to any physical signs to be detected; people "never felt so ill in their lives;" strong and active men became nervous and apprehensive in a manner and to a degree to alarm all who knew them. Third. Many suffered (and of this form of the disease I have seen a number of cases lately) from a loaded condition of the sigmoid flexure and rectum, with constant straining efforts at stool, ineffectual except in the discharge of a little glairy mucus, and with sharp, cutting, colicky pains due to gaseous distention of the colon.

These symptoms—the failure in heart and lungs, the abdominal sufferings and the neuralgic pains—all point to a neurotic cause, such as the paresis or partial paralysis of the pneumogastric nerve. And this I believe to be the true nature of our epidemic. I have fought it accordingly, since I recognized it as such, with stimulating doses of whiskey, opium and strychnine, watching for recurrences and relapses, and treating them as they took place.

If we were to look for a cause of this paresis, affecting so many persons at once, scattered over so large a portion of the northern hemisphere, traveling more rapidly than by human modes of transportation, or following other than ordinary lines of communication, where should we be so likely to find it as in a state of the atmosphere which rendered the process of breathing more difficult and exhausting than it ordinarily is? Some slight change of barometric pressure, or of humidity, would give ample occasion for fatigue of the pneumogastric and other nerves controlling respiration and circulation, the effect would be felt in each system in its weakest spot, and we would have thus an explanation of the very various symptoms and phenomena presented.

The above remarks were made by me at the meeting of the College of Physicians last June, and were subsequently embodied in a paper read before the Academy of Medicine at its recent session in this city. Practical experience of the benefits resulting from the administration of tincture of nuxvomica, in doses of from ten to fifteen drops

every three or four hours, in cases of depression of pulmonary and circulatory function, leads me to commend it to the consideration of the profession.

1514 Spruce Street.

PELVIC ABSCESS IN A MAN: SPONTANEOUS CURE OF HERNIA.¹

BY DAVID S. BOOTH, JR., M. D.,

BELLEVILLE, ILL.

The following case of pelvic abscess came under my observation while surgeon in charge of the International and Great Northern Railway Hospital. While authority justifies Gross in saying, "the diagnosis of deep-seated abdominal abscesses is sometimes extremely obscure," I think this was unusually so, owing to the urinary symptoms occasioned by pressure upon the bladder and urethra; at any rate, not one of the half dozen physicians who had been connected with the case, was able to arrive at its true nature until a free incision had been made, and the cavity had been explored with a probe. The urinary symptoms were misleading; and I find upon referring to the case-record which is in my possession, that my diagnosis, made upon the patient's admission (as required by the hospital rules) was, "abscess of bladder (?)," which was revised by substituting "abscess of cavum Retzii," or the prævesical space.

About March 25, 1888, A. G. M., a locomotive fireman, 28 years old, applied at the hospital for what was diagnosticated by the assistant house surgeon who attended him as cystitis; but the patient, receiving no relief, fell into other hands; and it was not until April 24—a month later—that I admitted him to the hospital, and obtained the following history.

About five or six weeks before, he had noticed a hard lump in the hypogastric region and pain about the neck of the bladder during micturition. He noticed no alteration in the color or character of the urine, and had no fever. His bowels were in good condition—in short, he considered himself in good health, and continued at work for some ten days after he first noticed the swelling. He stated that the swelling had increased in extent of surface involved;

¹ Read before the Southern Illinois Medical Association, November 21, 1890.

that he had had fever lately; that his urine was high colored and his micturition more frequent, causing him to pass urine several times during the night; and that his stream had diminished in size. He had noticed no sediment in the urine. He had had gonorrhœa two years before, which gave him no unusual trouble. His bowels were costive but no pain accompanied the act of defecation. His tongue was coated centrally with white fur. He did not remember receiving any injury.

Examination of the hypogastric region revealed a hard, circular intumescence, some six inches in diameter, but not very prominent; tender upon light pressure. The man's pulse was 96; his temperature $101\frac{1}{2}^{\circ}$ Fahr.

Examination of the urine resulted as follows: color, somewhat darker than normal; flocculent; faintly alkaline in reaction; sp. gr. 1.020; trace of albumin. The microscope revealed pus corpuscles and squamous epithelium.

In attempting to pass a catheter, with a view to ascertaining the condition of the urethra, as well as to learn whether or not there was retention of urine, I found the membranous portion of the urethra diminished in caliber to such an extent as to permit the passage of a filiform bougie only. The patient was given the fluid extract of pichi and quinine, and gradual dilatation was performed, until I could pass a No. 14 English bougie. As soon as urethra permitted, the bladder was washed out every day or so with Gerster's solution of salicylic and boric acids.

On May 7, twelve days after admission, the tumor was not so painful and it pitted on pressure. The urine was more natural in appearance, and the micturition less frequent. As suppuration was evident, moist heat was ordered to be applied.

On May 9, palpation gave an indistinct sense of deep fluctuation, and the tumor was aspirated, the needle being inserted about one and one-half inches to the left of linea alba and about three inches above the pubes. About seven ounces of a dark fluid, having the consistency of cream and a stercoraceous odor, was obtained.

On May 12 the aspirating needle was again inserted, but the fluid being too thick to flow through the needle, an incision about one and one-half inches long was made, to the left of the linea alba, when about ten ounces of fluid, having the same offensive odor as before, was discharged.

The patient improved rapidly, the urinary symptoms disappearing at once, and he was able to lie on either side—the dorsal decubitus alone was possible previously. He was discharged at his own request June 23, nearly two months after admission. When I saw him last, some eight months after his discharge from the hospital, he informed me that his health had been excellent and that he had been at work for some months. He further informed me that he had been *cured of a right oblique inguinal hernia*.

As my intention was to report the case without prolixity, I have failed to call special attention to the absence of those symptoms of abscesses in general which have the most diagnostic import: namely, rigors, perspiration and pain, from the latter of which he was quite free, except upon movement and during micturition. Furthermore, in arriving at the diagnosis, we were mindful of the fact that other abscesses occur in and about this location which were to be excluded, and especially were we conscious of the probability of perityphlitis with the cæcum and appendix vermiformis in the hypogastric region, an occasional anomalous position. Without attempting to confirm the diagnosis by exclusion, I will conclude with the following hypothesis in regard to the spontaneous cure of his inguinal hernia.

As the patient wore a truss and his occupation—locomotive fireman—required him to be a great deal of the time in the stooping posture, and to make strong exertions in this posture, inflammation of the fascia transversalis was set up; and, as this fascia forms the internal abdominal ring as well as the inner wall of the inguinal canal, obliteration of the canal had resulted, and a cure of his hernia.

PERISCOPE.

Resection of Prostate for Enlargement.

In the *Medical Press*, December 3, 1890, Mr. R. F. Tobin, Surgeon to St. Vincent's Hospital, says: Clinical and pathological experience have I think settled the following points:—(1) That there may be considerable enlargement of the prostate without any stoppage of urine. (2) That when there is permanent retention it is due in nearly all cases to a prominence which when pressed upon by the urine closes the internal orifice of the urethra. It follows that to do away

with the obstruction it is necessary to remove as much of the gland as is in the way and no more. This can, I think, best be done in the manner adopted by me for the relief of the patient whose case I here relate.

J. K., æt. 60, was admitted May 31, 1890, into the St. Vincent's Hospital, Dublin, for retention of urine due to an enlarged prostate. For eleven years he had suffered more or less from this ailment, and had been treated for it both by me and my colleagues. On the last of these occasions, about four years ago, I made a digital examination of his bladder through a perineal incision, but not being able to ascertain thereby anything more definite than what was already known, that there was an enlargement of the prostate, I used the incision merely to drain the bladder and cure thereby a cystitis that was then adding greatly to his sufferings. The history of the years that intervened between that operation and his admission on the present occasion is the ordinary one of a poor man who cannot make water without the use of an instrument. A rough catheter and a raw urethra sketch it sufficiently. When admitted he was emaciated and in a bad state of health, there was a tendency to the formation of bed sores on every prominence, the urine was fetid, he had hourly calls to micturate and could do so only through an instrument, the passage or retention of which gave intense pain.

The following operation was performed on May 9. A supra-pubic cystotomy having been done in the usual way, a digital exploration showed the middle and left lobes of the prostate to be much enlarged. The enlargement was a ridge, about an inch in height and an inch at its base, surrounding and overlapping two-thirds of the urethral orifice. Although the whole appeared to be one mass it was only so by contact, for the finger could be passed between the lobes. The instrument used to shave off this protuberance was an *écraseur* extemporized in this way. A wire doubled and bent to a suitable curve was passed through the urethra into the bladder. A silver catheter was then slipped up along it, but its point in place of being passed into the bladder was made to impinge against the urethral obstruction. Next the double wire lying in the bladder was opened out into a loop and slipped over the enlarged middle lobe and was kept embedded round its base by means of two fingers passed through the abdominal incision; while this

wire was being made to cut its way through the part it encircled, the inserted fingers helped by the point of the catheter, which was depressed to the spot it was desired to reach, regulated its direction. I was surprised how little resistance there was to its progress. As the lateral lobe was not of a shape to be encircled by the wire it was necessary to divide it into two by nicking it deeply with a scissors. Each half was then dealt with as had been the middle lobe. The surface left was found to be smooth and to slope into the urethra. There was little or no bleeding. Copious irrigation with warm boric lotion and a partial bringing together of the edges of the wound (the low vitality of the patient gave no prospect of immediate union) completed the operation.

The chief points noted during the subsequent progress of the case were sloughing of the cellular tissue in the immediate neighborhood of the abdominal incision; extension of the bed sores noted as existing when admitted; uremic delirium for ten days with a large amount of albumin in urine (about one-sixth). These complications notwithstanding, the patient made a good recovery. Most of his urine passed away through an india-rubber tube to a vessel alongside his bed. What urine overflowed was absorbed by large peat-moss cushions placed under the patient. The house diaphoretic mixture containing liq. ammon. acet., pot. nit., and spirit æther nit., seemed to favorably influence the uremic condition.

On the twenty-second day after the operation the tube—a smaller one than originally inserted—was withdrawn from the abdominal wound now nearly healed, and a catheter was passed by the urethra and left in.

On June 16, the patient was allowed up, and a few days later, about seven weeks after the operation, on being asked how he was, he answered, "I can make water as when I was a boy of fifteen." This sentence must be taken rather as expressing his wonder at the change that had been effected in him than as an accurate statement of his condition. As a matter of fact, he could contain about half a pint of water, and passed it without pain or difficulty in the usual way. A week later he was discharged.

The parts removed are three masses, each about the size of a small walnut. Mr. Patteson, who has microscopically examined these, has found in them nothing but hypertrophied prostatic tissue.

The method of resecting the prostatic gland here set forth has I think the following advantages:—

1. As much of the gland as interferes with the escape of the urine is removed and no more.

2. The portion that blocks the urethra is removed in a satisfactory manner, for the wire cuts up to the point where the instrument has been stopped by the obstruction.

3. A smooth surface sloping into the urethra is left instead of the more or less rough one that must result from taking away the gland piecemeal with a forceps.

4. There is very little hemorrhage.

I do not know that in all cases a wire would cut its way through an enlargement as easily as it did in the instance now related, but this difficulty could be overcome by preparing a bed for it with the point of a knife or scissors. Only in the coverings of the gland need any resistance be expected, its friable substance is easy of division with any instrument.

Nov., 1890.—It is now six months since the performance of the operation. The outlet from the bladder continues quite free, and the power of retention improves with the lapse of time. The general condition of the patient is also much improved.

Products of Pathogenic Bacteria.

During the past two years great progress has been made in the study of the action of pathogenic bacteria. This work has chiefly been carried on by Koch and Pasteur on the Continent, and by Drs. Sidney Martin and Hankin in England. In the *Revue de Médecine*, 1890, No. 7, Dr. Charles Bouchard publishes an article on the properties of the substances secreted by pathogenic micro-organisms. It contains the chief part of his address before the Tenth International Congress on the "Mechanism of Infection and Immunity." After an exhaustive summary of all that is known concerning the action of products of metabolism with which we are acquainted, Bouchard relates a series of thirty-one experiments which he made, partly in order to investigate the power which blood-serum possesses of destroying bacteria, and partly to ascertain how far their products confer an immunity against similar or other bacteria. Many experiments demonstrated the influence of the same products on phagocytosis. The space here is too limited to

enter into the details of this interesting paper, but the general results of Bouchard's investigations are as follows. Among the substances secreted by the microbes are some which have an inhibitory action on them—that is to say, these products tend to retard the development, increase and characteristic action of the micro-organisms; other substances are favorable to their growth. These, however, only act indirectly by modifying the material upon which they grow (peptones, etc.). Such products may be favorable or unfavorable for other microbes. Some organisms produce poisonous substances upon which depends their virulency. Amongst pathogenic microbes are some which secrete substances that confer upon animals inoculated with them an immunity against these particular germs; this they do not by their presence only, but by modifying the animal organism, so that it forms a less favorable pabulum for the development and growth of the bacteria, and causes the leucocytes to perform the process of diapedesis more rapidly, and to assume their functions as phagocytes more energetically. If an animal be inoculated with these substances, together with a pure culture of the same bacilli from which they were obtained, the disease runs a more rapid course, whilst its development will be delayed or prevented if the animal be inoculated a few days before the injection is made. If bacteria which act antagonistically towards one another be cultivated together in a test-tube, the soluble products of the "stronger" can be made to retard the development of the "weaker" organism. So that if an animal be inoculated with the products of metathesis of the "stronger" at the same time as the active principle of the "weaker," the action of the latter will be delayed and weakened. Some microbes appear to assist the action of others; these Bouchard terms "auxiliary microbes." By this means an animal may be infected with a disease which it would otherwise resist.—*Lancet*, December 27, 1890.

Antipyrin in Puerperal Fever.

Dr. Wm. McBeath says in the *Lancet*, November 22, 1890:

After parturition there is no condition more annoying and troublesome to the physician or disastrous to the patient than puerperal fever. Whether it occurs as the result of septicemia, from direct absorption

of putrid matter generated in the patient's own uterus, or from infection, the prognosis is always bad. The remedial measures generally used have been so often unsuccessful and are so unreliable, that any remedy or mode of treatment by which the great mortality from it can be materially lessened should be worthy of consideration and trial. Dr. McBeath has never noticed in any publication that antipyrin has been used with success in puerperal fever. In four cases in which during the past eighteen months he has prescribed it, it has acted almost as a specific. He gives details of the last case. The other three cases, were almost the same, being characterized by the usual symptoms. They were treated in the same way, and all got better.

In the case he describes, a primipara, twenty-two years old, was attended by a midwife, and delivered of a male child on July 2, 1890. On July 7 the husband called in a medical man, who found her suffering with puerperal fever. He treated her in the usual way, with large doses of quinine, opium, hot linseed poultices and irrigation of the uterus with a solution of Condry's fluid. On July 10, as she was thought to be dying, Dr. McBeath was called in to see her in consultation, and found her pulse 140; temperature 103.5°; abdomen swollen, tender, and of the peculiar peaked shape, which we never see except in puerperal peritonitis; discharge scanty and fetid; milk almost gone; countenance anemic, and breath sweetish. She was also totally unable to move in bed. Dr. McBeath advised that the irrigation of the uterus and the hot poultices should be continued; and in addition, that antipyrin should be given in ten-grain doses every hour for six hours. In five hours the temperature had fallen below 100°. During the next twenty-four hours the antipyrin was given in the same dose every three hours, and after that the woman took another half-dozen powders, one every four hours. Thus in two days and a quarter she had taken eighteen powders of ten grains each, the temperature being kept down the whole time. At the end of this period her other symptoms had very much improved, the pain and tenderness had nearly gone, the swollen condition of the abdomen had disappeared, the appetite had returned, and she could move freely in bed. On the fourth day after Dr. McBeath saw her she had a sharp attack of diarrhoea, which sent up the temperature to 106°, but a mixture of soda, bismuth and

opium soon relieved her and stopped it. She afterwards made a good recovery, no further bad symptoms supervening.

The symptoms in the other three cases were almost identical, except that none had diarrhoea after taking the antipyrin. The treatment was the same, and so were the results. In all there was immediate lowering of the temperature, followed by gradual amelioration of all the bad symptoms.

It will be noted that irrigation of the uterus and the hot linseed poultices were continued during the administration of the antipyrin, and, indeed, for a day or two afterwards; but it must be remembered that these had been used for several days before the drug was given, and that the patient was going from bad to worse. As auxiliaries no one would be justified in omitting them, but Dr. McBeath says he has never found irrigation of the uterus with an antiseptic solution and poulticing alone to cure puerperal fever. He feels satisfied that in antipyrin we have a remedy which, if given boldly and judiciously at the outset, will enable us to treat these cases with more hope of success. He has had such good results that he is anxious for others to try it. No doubt in certain cases a larger dose may be given at the beginning of the treatment; but in the case detailed above ten grains answered every useful purpose. Dr. McBeath generally orders each powder to be dissolved in two teaspoonfuls of brandy, and then a little cold water to be added, so as to make a draught of about an ounce and a half. Antipyrin, he thinks, acts as an antiseptic as well as an antipyretic, and it may possibly be of use in other cases of septicæmia or blood poisoning besides those arising after childbirth.

Massage in Eye Diseases.

In the *Meditzinskij Obozrenij*, Nos. 13 and 14, 1890, p. 59, Dr. W. K. Hirschberg draws attention to valuable services obtained by him from local massage in various ocular affections. In such cases where the eyeball should be subjected to the manipulations, he smears the surface of the eye with vaseline containing some yellow or white mercury (precipitate) or iodide of potassium, and, having placed a forefinger on the upper or lower eyelid, proceeds to quickly rub it against the eyeball in a radial or circular direction. In cases of massage limited to the eyelids alone, he makes friction either with a forefinger, or a tightly rolled cotton-wool

globule, commencing at the inner canthus and passing along a curved line down to the cheek (that is, correspondingly to the course of branches of the anterior facial vein, as suggested by Pfalz). In either case the sittings are repeated daily, lasting each time from 2 to 4 minutes. The treatment is especially recommended in, 1, *chronic forms of marginal blepharitis*, in milder or relatively recent cases of which all annoying symptoms (such as itching, sticking together of the eyelids, and so on) are said to disappear after four or five *séances*. As a rule, a complete cure ensues in from 10 to 15 days. The manipulations should always be preceded by a careful removal of dried crusts, which can be best effected by means of rubbing the margins with a piece of cotton-wool smeared with yellow mercurial salve. 2. *Phlyctenular conjunctivitis* where massage of the eyeball should be performed (after smearing the latter with a yellow mercurial or boric acid ointment). 3. *Follicular conjunctivitis*, in which Dr. Spaeth's plan should be preferred to all other methods; that is, the eyelid should be everted, the fornix conjunctivæ anointed with iodide of potassium salve, and the exposed fold itself subjected to rubbing with a forefinger's tip. Follicles disappear usually very quickly. 4. *Trachoma* of all stages, where a direct massage of exposed diseased areas may sometimes prove as successful as the treatment by cauterization (e. g., with sulphate of copper), while being less disagreeable for the patient. 5. *Phlyctenular keratitis*. 6. *Corneal opacities*, remaining after keratitis, where the treatment is frequently followed by a marked improvement of vision, and that not only in recent cases, but sometimes even in inveterate ones. 7. *Pannus Trachomatousus* and *Scrophulosus*, in which massage of the eyeball (with white mercurial salve and atropia) often proves very beneficial. Of contra-indications, the author mentions the presence of inflammation or even simple irritation of the iris. In acute glaucoma he failed to obtain any amelioration, the manipulations carrying a vivid pain to the patient.

Unconscious Parturition in a Primipara.

A case of high obstetric and medico-legal interest is to be found in the *Archives de Toxicologie* for November. Physiologically painless parturition is rare. Tarnier has related

some cases, including one instance where a Canadian woman occasionally dropped a baby on the ground, at term, without noticing it. In Howard's case labor took two hours; the patient was reading a book till a quarter of an hour before the child was delivered, which event occurred after some straining, not sufficient to make her cry out. In Dr. Brunon's case, newly reported, a married woman, aged 22, had a troublesome cough one day shortly before term. The coughing was accompanied with lumbar pains, which increased. At 11 o'clock in the evening the patient tried to pass a motion. She sat over an hour in the closet, believing that her pains signified painful defecation. Then she went to bed. At half-past 1 o'clock she woke up feeling a desire to pass a motion, with lumbar pains such as she had felt before when constipated. As she rose to go to stool a smart lumbar pain occurred, and she felt something between her thighs. On handling it she found, much to her surprise, that it was the head of her first-born. She declared to Dr. Brunon that the pains were entirely lumbar, she had no colicky sensations, and none of the expulsive pains usually so severe, especially in primiparæ. The desire to defecate was strong, and she stated that the child might have been born into the pan of the closet without her recognizing the truth of her condition till the moment of its delivery. The patient was an intelligent, well-educated woman, free from any neurosis. This case proves that in the case of an inexperienced person an infant might be expelled into the water in the pan of a closet without any intention of infanticide on the part of the mother.—*British Medical Journal*, December 20, 1890.

Making Beef-tea.

The *Chemist and Druggist*, November 29, 1890, under the title, "Best Method of Making Beef Tea," makes the following statement:

Miss Mary Spanton, of the Hospital for Women and Children, gets a prize from the *Nursing Record* for the following directions: "Take 1 lb. of the leg of beef, to which, when minced, add 1 pint of cold water. Let stand for four hours; then put it into an earthenware vessel lightly covered over, and place it inside another vessel, or pan, filled with water, which, after coming to boiling-point, must be allowed to simmer

from four to six hours gently. This can be thickened if desired, and the doctor approves, with arrowroot, sago or rice, when the patient can take it, or varied by putting $\frac{1}{2}$ lb. of mutton or veal to $\frac{1}{2}$ lb. of beef, and flavored with celery."

[Any one who follows these directions will find that his beef-tea has no beef whatever in it. The "*this*" which "can be thickened," etc., is the *water* round the earthenware vessel. It is curious that this slip in the directions was not noticed by the *Nursing Record*, which gave the prize, or the *Chemist and Druggist* which recorded the award. Why any one should get a prize for re-hashing so ancient a method of making beef-tea, and the value of the method itself, it is not worth while to discuss.]

How to Apply Forceps.

In a paper in the *American Journal of Obstetrics*, December, 1890, Dr. Henry D. Fry, of Washington, describes what he thinks the best method of applying the obstetric forceps. He quotes a thesis on this subject written by Dr. Lepage, of Paris, who says the ideal method of extraction with forceps is to apply the instrument in such manner that during traction the fetal head is free to execute all the movements that would occur were the labor normal.

The proper application of the instrument, to attain this result, is:

1. To grasp the sides of the head with the blades;
2. To make traction in the axis of the pelvic canal; and
3. To secure mobility of the head during its passage.

This last indication is most important, but has been overlooked. The great advantage of the Tarnier forceps is due to the traction being independent of the grasp of the handle, the head is absolutely free to perform movements of flexion and extension.

With these facts established, Dr. Lepage proves that the above advantages are secured by applying the Tarnier forceps to the sides of the child's head when at or above the superior strait. He says it was during the year 1883 that Pinard first made his high applications after this method, and since the beginning of 1884 he has never employed them otherwise.

Dr. Fry sums up his opinion as to the application of the forceps as follows.

1. Anesthetize the patient and place her in proper position—buttocks well over the edge of the bed, and each limb supported by an assistant.

2. Ascertain the position of the head, introducing within the vagina two or three fingers, or, if necessary, the whole hand.

3. Apply the blades of a Hodge type of forceps to the sides of the head, with the concave edge directed towards the occiput.

If, for any reason, this cannot be accomplished, withdraw the instrument and substitute a Simpson, passing the blades to the sides of the pelvis. While making traction with this method, watch for anterior rotation of the occiput, and encourage it in some cases by reapplying the blades to better advantage.

4. Make every effort to secure aseptic conditions during the operation. The fingers, hands and forearms of the operator, the external genitalia and vagina of the patient, the instrument and the hands of the assistants, should be clean and aseptic.

On Oscillations in the Bodily Weight in Enteric Fever.

In the *Bolnitchnaia Gazeta Botkina*, Nos. 30 and 31, 1890, p. 747, Dr. Mikhail K. Zenetz, of Warsaw, publishes an important clinical contribution to changes in the bodily weight in typhoid fever, based on 384 carefully-studied typical cases. In each case the patient was weighed daily, between 9 and 10 A. M., all other clinical details possible being also registered from day to day, from his admission to his discharge or death. The following are the principal corollaries deduced by the author from his elaborate researches.

1. During the whole febrile stage of enteric fever the patient's weight steadily sinks, the average daily fall amounting to 0.6 per cent. (of the body's weight). During the first week of the disease the loss averages 0.8 per cent. a day; during the second, 0.7; during the third, 0.6; during the fourth, 0.5. In other words, as the disease advances, the relative loss in the weight decreases.
2. In uncomplicated cases, immediately after the onset of apyrexia, the weight begins to rise, the average daily increase amounting to 0.7 per cent. The largest relative gain occurs during the first week of convalescence, the rate gradually decreasing with each week.
3. In fatal cases the daily loss in the weight is usually very considerable, amounting fre-

quently to 3 per cent. 4. In such cases where a high fever is accompanied by sweats and diarrhoea, the weight sinks at an increased rate (up to 2 per cent. or even more a day). 5. Profound typhoid state (delirium, etc.) similarly increases the rate (up to 1 or 1.5 per cent. in a day). 6. The same holds true in regard to such complications as pleurisy, catarrhal or croupous pneumonia, parotiditis, otitis, etc. 7. An increase in the weight about the end of febrile stage (during lysis) points to a speedy advent of convalescence. 8. The retardation or arrest of increase in the weight after the onset of defervescence points to a nearing relapse or complication of this or that kind. 9. The daily losses in the weight above 1 per cent. justify a grave prognosis. 10. When such high losses coincide with a continuous and considerable acceleration of the pulse, the prognosis becomes almost absolutely hopeless. About the same conclusions have been reached by the author in regard to typhus fever. (See his *St. Petersburg Inaugural Dissertation*, 1887, with 103 cases.)

Hydrophobia in Egypt.

The Egypt correspondent of the *Lancet*, November 22, 1890, gives the following statements in regard to what he calls "hydrophobia in Cairo."

"Seven years ago," he says, "the streets of Cairo used to contain thousands of homeless dogs, and it was loosely believed that rabies was unknown among them. But the town has now been freed of pariahs, because they are no longer required as scavengers, and yet hydrophobia occasionally appears. The only two cases which have been known at the hospital during the last seven years have occurred during the past twelve months. A child arrived with cheek and lip disfigured by a bite from a dog four weeks before admission, there being no history of the dog being rabid. The wounds healed, but before the child left the hospital a hare-lip operation was done to prevent disfigurement. Two days after this operation the child developed hydrophobia, and died in three days' time. In the absence of inoculation experiments on rabbits, I suppose skeptics would affirm that this might be a case of tetanus, in spite of the presence of the clinical symptoms of hydrophobia. I may mention here that many cases are reported in Egypt of rabies and hydrophobia, which prove on

investigation to be bites from healthy dogs, and some bitten individuals have been sent at public expense to the Pasteur Institute at Paris for prophylactic treatment.

"An interesting case, apparently of true hydrophobia, has just occurred at Kasrel-Aini Hospital. A young man-servant was sent up by his master with symptoms of exhaustion, great mental excitement, uncontrollable terror of draughts of air, sleeplessness and thirst. He made pitiable attempts to drink, and clutched the glass of water a few inches from his lips. He eventually allowed about half an ounce to be tilted between his lips, when he held the fluid several minutes in his mouth, seemed to swallow it, but then had a convulsion of throat and whole body, and hawked it up again with viscid saliva. He was treated with morphia injections and nutrient enemata, but twenty-four hours after admission he was dangerously maniacal, and had to be tied down in bed, and he eventually died six days and a half after he was first noticed to be ill. His previous history was that of an irritable, excitable person, but free from alcohol, hasheesh, or religious excitement. He denied that he had ever been bitten or scratched by any animal, and he had no traces of a bite on his body. His master's account is that eighteen months previously the boy had rescued a stray cat from a boar-hound who was playfully holding it on the ground. The cat was very frightened, and bit and scratched the boy through his clothes on the right thigh, but it is said that no mark was seen on the skin. If this was the cause of the disease, the long incubation is deserving of note, and it is the first time on record of a rabid cat in Egypt. The boar-hound was certainly not rabid, but there was no information about the future life of the cat. At the necropsy, twenty-one hours after death, the hands were blue and half clenched, the legs, but not the arms, were very stiff; the brain membranes were much congested, the cervical and dorsal membranes of the spinal cord were considerably congested, and the blood in the skull and body was dark and liquid, as in typhus. There was, as during life, redness of fauces and pharynx with great congestion of lungs, liver and kidneys; the heart was very firmly contracted, with no blood on the left side and a little black clot on the right.

"One of the arguments in favor of hydrophobia existing occasionally in Egypt is that the natives have a remedy for it dating from the old Arab physicians. It is a beetle of

the cantharides family, which causes the patient to urinate and evacuate blood, and it is believed that in the urine may be seen tiny effigies of a dog as large as a barley-corn."

Flexible Wire Stems for Stenosis of the Cervix.

In the *Medical Press*, November 26, 1890, Mr. Alexander Duke says of the value of the flexible spiral wire stem in the treatment of stenosis, that it is now some years since he published a description of this stem, now well known to gynecologists. Its principal use is to preserve the potency of the cervical canal after the operation of division of the os and cervix, commonly required as a cure for stenosis, giving rise to destructive dysmenorrhœa and sterility. He says that if one of the stems be introduced directly after this operation, it will not only prevent any union of the cut surface, but also, the subsequent contraction of the canal so commonly observed, and any tendency to excessive hemorrhage, by exercising a certain amount of pressure on the incised part.

These stems being self-retaining and requiring no vaginal support whatever, in addition or tampons of any kind can be worn by the patient when up and about, being flexible and short, cause no irritation; open at point and hollow, permitting free drainage, and easily kept clean while *in situ*, by syringing vagina daily during healing process, the water finding its way in and out of stem. His practice is to allow the instrument to remain till one "period" at least is over, subsequent to its introduction, or in other words, he allows the patient to menstruate through the stem, and he finds if this is done, there is no subsequent contraction of the canal observable years after the operation.

In cases thus treated, Mr. Duke has never had any complaint of a return of the symptoms existing before operation, nor has he had the slightest trouble, such as metritis, parametritis, cellulitis or septicemia.

The stems are easily introduced, the "duckbill" being the best speculum to facilitate this, and when once *in situ* they need not be interfered with until removal is considered desirable.

When Mr. Duke decides on using a stem that has been employed before, he takes the precaution to let it lie in boiling solution of creolin for a few minutes, and then fills the

stem with either boric acid or iodoform, which does not add any difficulty to its introduction, the "introducer" penetrating the powder in the stem.

Mr. Duke has also found these stems useful as a drain in cases of chronic endometritis, and as a mechanical agent in plethoric amenorrhœa, or in those cases where the usual routine treatment to stimulate uterine action has failed.

The Teeth in Epilepsy.

Speaking of the importance of examination of the teeth in epilepsy, the *Lancet*, December 27, 1890, says that Dr. Bakowski mentions in the *Przegląd Lekarski* an instructive case of epilepsy occurring in a young Jewess. It had been going on for nine months, and latterly the fits had become more frequent, there being several every day. Bromide of potassium, quinine, arsenic and asafoetida had been given without any effect. Finally, although there was no complaint of toothache, it was decided to examine the mouth. Two teeth were found to be carious—the first upper molar on the right and the first lower molar on the left side. These were extracted, with the result that the fits entirely ceased and did not return, though the patient was under observation for six months subsequently. Upon being closely questioned the girl remembered that before the fits commenced she had had some unpleasant sensations in the affected teeth, but nothing that could be described as pain.

Southern California as a Health Resort.

Charles Dudley Warner says, in an article in *Harper's Monthly*, January, 1891, that there are many people in the United States who could prolong life by moving to Southern California. There are many who would find life easier there by reason of the climate, and because out-door labor is more agreeable there the year through; many who have to fight the weather and a niggardly soil for existence could there have pretty little homes with less expense of money and labor. It is well that people for whom this is true should know it. It need not influence those who are already well placed to try the fortune of a distant country and new associations.

Jan. 31, 1891.

Editorial.

137

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When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

MEDICAL EXAMINERS AND MEDICAL EDUCATION.

A bill (published at Page 141, of this number of the MEDICAL AND SURGICAL REPORTER), which is intended to regulate medical education in Pennsylvania, has been introduced in the Legislature at Harrisburg by Mr. Brookes, of Philadelphia. This bill provides for the appointment of a Board composed of three eclectics, three homœopaths, and three persons spoken of in the bill as "allopaths." The bill makes it illegal for any medical school in this State to give degrees to students who have not gone through what is spoken of as four years' study, which shall include three courses of lectures, or to admit as students persons who have failed to meet certain requirements of preliminary examination to be prescribed by the Board. To this is added that the Board

shall act as a sort of Police Board to report the failure on the part of any medical school to obey the provisions of the law, such failure being punishable by a heavy fine.

There are several unfortunate things about this bill. In the first place, what it aims at in regard to medical education might—if constitutional—be secured quite as well by a simple enactment, without the intervention of any Board at all; in the second place—considering that in Pennsylvania about four-fifths of the physicians belong to the regular portion of the profession, and that one-fifth are divided between the Eclectics and the Homœopaths, and that there are in this State five medical colleges conducted by the regular profession, while there is only one Homœopathic school and not one Eclectic school—it is obviously unequal that a Board which would be practically a Board of censors upon the medical schools, should contain six representatives of the one medical school as against three representatives of the five schools. More than that, we believe that the selection of a Board of this kind is absolutely impracticable. The members of the regular profession are not allopaths; and no one who knows anything about the use of correct terms thinks they are; and it is improbable that three men of any standing in the profession could be induced to become a part of a Board containing six members who willingly bear an exclusive title, or to accept the imposition of an exclusive title upon themselves—facts and principles would both prevent this.

There seems to be little hope that those who, in this matter, claim to represent the body of so-called homœopathic physicians, will abate a particle of their seeming distrust of those who desire that Pennsylvania shall be put on an equal footing with the best and most intelligent States in the country, by providing for a Board of Medical Examiners, who shall represent directly the State and the community, and shall simply determine the fitness of persons to whom are to be entrusted the lives and the health

of the citizens of this State. Some of us who desire this, deprecate most deeply that what we believe to be a desirable result should be imperilled by sectarian differences. We want the State of Pennsylvania to be placed on the very highest level in this matter. We naturally believe that that part of the profession to which we belong is the one which is most in accord with reason, but we have sufficient confidence in the intelligence of the Governor and of our fellow-citizens to be willing to have a bill passed which shall say nothing whatsoever about the character of the persons to be appointed on the examining board, or direct how they shall be chosen. This we say with full knowledge that the present Governor is supposed to have long been under the care of homœopathic physicians, and to be in some sense an adherent of that school; for he is quite as well known to be a man of integrity and courage.

The cause for which we strive we believe to be so just an one, and so sure of ultimate success, that we are quite willing to entrust the details of its accomplishment to an honorable man and have no doubt that the issue would be such as to be approved by all honorable men.

The *REPORTER* is opposed to the bill referred to above, for the reason that it is, we believe, in the first place, needless; in the second place, impracticable; in the third place, unfair in its provisions, and perhaps unconstitutional. We support heartily the bill published in the *REPORTER*, January 10, 1891, because we believe it is in the interest of our fellow-citizens, and that it is thoroughly practicable. As we have already said there are certain details of the bill which are not precisely what we would have wished; but its passage would do much, we believe, to promote the interest of medical science and the good of the community.

LEGAL RESTRAINT OF INEBRIATES.

The *REPORTER* has at different times given considerable space to the claims and

arguments of those who are convinced that the tendency to excessive indulgence in alcoholic stimulants is to be regarded and treated as a disease condition, and this partly for fairness' sake and partly because it holds the opinion that in many cases the tendency is one which can best be combatted if regarded from a physical and not from an exclusively moral standpoint. But it is sometimes far easier to suggest a general principle in keeping with which to arrange a plan of treatment than it is to specify the details of such a plan. The truth of this fact appears when we reflect upon a discussion which took place before the Medical Jurisprudence Society of Philadelphia, January 13. Dr. Dercum, who opened the discussion, spoke of the change of general and professional opinion in regard to the treatment of inebriates and claimed that the inebriate should be treated as a sick man, and his condition should be considered the same as in a case of insanity. The State of Pennsylvania, he said, places no control over the inebriate until he is practically beyond recovery, and what is needed is a system of special asylums maintained by the State, in a manner similar to insane hospitals, with special laws and regulations. Legislation should deal with inebriates in general, no matter what the narcotic used may be, whether alcohol, opium or chloral. He thought, also, that druggists should be held to a strict account, as he had known where a prescription once given had been renewed for years.

John A. Clark, Esq., presented some of the difficulties from a legal standpoint of carrying out the plan which seemed to be approved by physicians. He doubted whether an inebriate, on the certificate of two physicians, could be sent to an insane asylum. In the State of Wisconsin, he said, it was tried to control such persons by law, but the Supreme Court decided against the constitutionality of such proceedings.

Dr. E. N. Brush, of the Pennsylvania Hospital for the Insane, who has had all

Jan. 31, 1891.

Editorial.

139

kinds of inebriates to care for, would classify them as those who were drunkards by reason of certain disturbed, unbalanced nervous conditions; those who were drunkards through viciousness, and those who were the victims of disease. The trouble in dealing with them, he thinks, is the same as in cases of insanity, where persons are allowed to go on without treatment because they are not sufficiently insane to warrant a certificate being given. In New York, he said, a man cannot be legally held unless he is dangerous to himself or those around him, and, like Dr. Dercum, he thought that men, unfortunately, were allowed to go on until beyond the hope of recovery.

Thus the discussion ended without the proposition of any plan which appeared feasible to both lawyers and physicians. This does not signify that the endeavor after a feasible plan should be abandoned; for, if the State should extend a supervising and controlling care over individuals for their own good or for the general welfare, it is desirable that all who are interested in public questions should continue to inquire what may properly be done to restrict the evil consequences of the drink habit. The question discussed by the Philadelphia Medical Jurisprudence Society at its last meeting is—as one of our lay contemporaries calls it—a “knotty one;” but time and patience may get through or get round these knots.

BARKING COUGH OF PUBERTY.

It is a well-recognized fact that cough does not necessarily imply an affection of the lungs or bronchial tubes. Coughing is a reflex act, in which the lungs are filled with air by a deep inspiration; the glottis is then completely closed, but it opens suddenly under the pressure of a forcible expiration, by which a column of air is driven through the upper respiratory passages. The apparent impulse to cough is usually transmitted by the superior laryngeal nerve, but any one of the other nine branches of the pneumo-

gastric may carry it. Almost every one, for example, has seen instances of cough excited by examining the ear, or by foreign bodies in the auditory canal. Another variety of cough, however, which is entitled to be considered distinct, is described by Sir Andrew Clark, in the *Lancet* for December 20, 1890. The paroxysms which characterize the cough in question are well illustrated in the first case reported by Dr. Clark. They consisted of a close succession of loud, dry, clanging, convulsive coughs, varying in intensity and duration, broken into irregular bars and phrases, resembling at one time the barking and at another the howling of a dog. During the continuance of the paroxysm the patient appeared to be much distressed; his face was swollen and faintly livid; the eyeballs became prominent and congested; the body, bent forward, was shaken by the violence of the coughing, and the hands, which were crossed upon the chest, convulsively clutched his clothes. At the close of the paroxysm the patient appeared to be a little dazed and was somewhat giddy. He recovered in a few minutes, passed a quantity of limpid urine, and the storm was at an end.

The attacks are not always as severe as in the case just referred to; they vary greatly in severity. The age at which patients are affected is that of puberty, generally from the thirteenth to the sixteenth year. More girls are affected than boys. The general health suffers but little, and there are no physical signs on the side of the lungs. The patients are generally, though not always, of nervous habit and heredity, and most of those seen by Dr. Clark were over-fed; in addition to ordinary meals there were frequent “interludes” of different kinds of food, preserved for the most part, and alcoholic beverages of some sort were freely administered. The course of the affection, according to Dr. Clark, though usually tedious and sometimes prolonged, has ended eventually in complete recovery.

As to the pathology of this convulsive

cough of puberty, Dr. Clark seems to think that the seat of the disease is in the spinal ganglia which have recently been shown to exercise a marked control over respiratory movements. The condition of unstable equilibrium and hyper-excitability which characterize the organism at the period of sex evolution account for the development of the cough at this time, especially when one bears in mind that the larynx is one of the principal seats of the changes which take place at puberty. The neurotic tendencies of the patients, and the absence of any local changes adequate to the explanation of the malady, warrant the belief that it is of nervous origin.

Regarding the treatment of the affection, Dr. Clark says that improvement has almost invariably followed the enforcement of a simple but liberal dietary, arranged in three, or at most four, meals a day; abstinence from alcohol; cold or tepid sponging; warm but not too warm clothing; active out-door exercise, early hours and general discipline. Of local applications, only two have done good service. The first is glycerine of borax with oxychlorate of bismuth and morphia, and the second is the same combination with the substitution of cocaine (ten per cent.) for morphia. These applications should be brushed over the whole interior of the throat after each meal, and also at bed-time. In using cocaine, care must be taken in its application to the larynx, which is sometimes provoked by it into dangerous spasm. Only two internal remedies have been found of service, one is syrup of bromide of quinine and iron, with small doses of arsenic; and the other is a pill of reduced iron, valerianate of zinc, belladonna and nux vomica. These pills must be given in slowly increased dose until the physiological effects of the belladonna become apparent; and then, slightly diminished, the amount of belladonna administered should be maintained at that level for some time. Dr. Clark does not approve of the long sea voyage in the treatment of this affection.

Dr. Clark has the happy faculty of putting an old truth in a fresh light, and by a well-chosen name giving definiteness and precision to what many have seen before, but have not closely studied. The affection he describes is not new, and he does not claim that it is; but he is none the less entitled to great credit for his admirably clear description of it, and for the valuable suggestions as to its treatment.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

A MANUAL OF MODERN SURGERY. An Exposition of the Accepted Doctrines and Approved Operative Procedures of the Present Time. For the Use of Students and Practitioners. By JOHN B. ROBERTS, A. M., M. D., Professor of Surgery in the Woman's Medical College of Pennsylvania, etc. With five hundred and one illustrations. 8vo, pp. xvi, 800. Philadelphia: Lea Brothers & Co., 1890.

Dr. Roberts has set himself the task of writing a condensed treatise on modern surgery. He has aimed to have the work practical, and to this end has avoided the discussion of theories, historical questions and traditional views and operations.

The book is divided into two parts. Part I includes general surgical pathology, or principles of surgery. Under this heading the author discusses inflammation, erysipelas and septic processes, scrofula and tuberculosis, syphilis, rickets, tumors, wounds and shock, mode of repair and treatment of wounds, practical surgery and anesthesia, operative surgery, and plastic or reparative surgery. Turning to anesthesia, as a subject which has excited world-wide interest, especially during the past year, we notice that the author appears to have been very little influenced by the testimony indicating that chloroform is not as dangerous as it is generally believed to be in the northern and western part of the United States. Dr. Roberts declares that chloroform is much more dangerous than ether, and that "this is a sufficient cause for the abolition of its (chloroform's) use." The advantages claimed for chloroform over ether are attributed to improper methods of giving the latter. The author's method is to give the patient a hypodermic injection of morphine and atropine about fifteen minutes before inhalation is begun, and then to give the ether in concentrated form from a napkin covered by a towel. "When inhalation is once fairly begun the ether cloth should never be removed from the face unless spasm of respiration or actual vomiting necessitates its temporary withdrawal." Quite apart from the choice of ether or chloroform as an anesthetic, what might be termed the "suffocative" method of administering ether seems to be more saving of the time and patience of the surgeon than of the comfort of the patient.

Part II is devoted to Special Surgical Pathology or Practice of Surgery. The author's descriptions of resection of the intestine and of intestinal anastomosis

are especially good, and the illustrations well-chosen and very helpful to an understanding of the operations. The definition of amputation is a strange blunder: "By amputation is meant the removal of a locomotor extremity of the body;" the upper extremity, however, is included, and description of its operative removal given.

The author is to be congratulated upon keeping so closely to his purpose to make the book modern in its teaching and practical in its bearing. While the teaching on some points might be criticised as too dogmatic, it is in the main sound, and it is presented with admirable clearness and brevity. The illustrations seem to have been selected strictly with a view to their utility, and are certainly well-chosen. The text is remarkably free from typographical errors for a first edition. Both author and publisher have every reason to feel proud of its handsome appearance. We can cordially recommend it to our readers as one of the best books for students which has appeared in the English language.

ESSENTIALS OF THE DISEASES OF CHILDREN. Arranged in the form of questions and answers, prepared especially for students of medicine. BY WILLIAM M. POWELL, M. D., Physician to the Clinic for Diseases of Children in the Hospital of the University of Pennsylvania, etc. Small 8vo, pp. 214. Philadelphia: W. B. Saunders, 1890. Price, \$1.00.

Dr. Powell has succeeded in compiling, from a number of the standard works on diseases of children, a very creditable compend, which forms No. 15, in Saunderson's series. Most attention is given to symptomatology and treatment. In both the author follows Goodhart and Starr very closely. The descriptions are clear, and for the most part accurate and trustworthy as well. In speaking of the treatment of *tinea tonsurans*, Dr. Powell gives Dr. Harrison's treatment incorrectly, the principal ingredient in the formula, bichloride of mercury, being omitted altogether. Dr. Harrison recommended two solutions, the first consisting of liquor potassæ and iodide of potash, and the second of sweet spirit of nitre and bichloride of mercury. After the first had been well rubbed into the scalp, the second was to be applied. The object sought to be obtained was the production of biniodide of mercury, from the reaction between the bichloride of mercury and the iodide of potash, and the bringing of this biniodide into contact with the fungus. But there is some doubt whether or not the biniodide results from the reaction. It may be of interest to mention here that Dr. Harrison thinks he has found an ointment, composed of carbolic acid (gr. xxiv), caustic potash (gr. ix), and lanolin and oil of theobroma (of each ʒss), much better than the two solutions originally recommended.

The book fulfills a useful purpose, and may well find a place among others of this excellent series of compends.

LITERARY NOTES.

—The *Medicinische Neuigkeiten* commences its forty-first year in 1891. It will hereafter be published by Jos. Ant. Finsterlin in Munich. Prof. Martin continues to be its editor. Under his long connection with this journal it has acquired a deserved popularity, especially among practical physicians in Germany.

CORRESPONDENCE.

Wound of Rectum.

TO THE EDITOR.

Sir: Thinking it might be of interest to some readers of the MEDICAL AND SURGICAL REPORTER, I write concerning a wound sustained by Mr. A., living some distance in the country. While feeding his stock after dark, he accidentally got astraddle of the horn of an ox, and the animal in raising its head caught the man on the point of its horn with such force as to penetrate the left ischio-rectal region two inches to the left of the anal orifice, the horn going through the left wall of the rectum, three inches above, abrading the opposite internal rectal wall.

I arrived at night and was in doubt as to the best procedure at the time; so I used temporary means and dressings until next day, injecting per rectum an antiseptic fluid, which found external exit through the ischio-rectal wound. I saw also that the bowels were well emptied, thereafter keeping them closed by opiates for the period of six days. Not having in my books anything treating especially of such wounds, I next day chloroformed the patient and sewed up the rectal wound internally with catgut, using a rectal speculum and a slightly-bent perineum needle, with handle. I applied a firm pad over the external seat of the wound, and instructed the patient to keep on the right side, especially when defecating. As I had had the sphincter ani to contend with, I was in doubt as to the success of my treatment. I noticed but little defecation of a liquid character from the wound after the first week. In one month's time the patient came to my office comparatively well.

Yours truly,

W. H. LEWIS, M. D.

Birnamwood, Wis.

NOTES AND COMMENTS.

State Board of Medical Education.

An Act to Establish a State Board of Medical Education, to Define the Powers and Duties of such Board, and to make an Appropriation therefor.

SECTION 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met and it is hereby enacted by the authority of the same: That within three

months after the passage of this Act, the Governor shall appoint by and with the advice and consent of the Senate, a State Board of Medical Education consisting of nine members, physicians in good standing, citizens of this Commonwealth, three of whom shall serve for two years, three for four years and three for six years, and thereafter, biennially, there shall be appointed in the same manner three members of the said Board, one from each school of practice, as provided in this Section, to serve for six years in the place of those whose term shall have expired. They shall be graduates of some legally chartered medical college, or university having the power to confer medical degrees, who shall have practiced medicine or surgery for a period of not less than five years. Provided: That in the appointment of said Board the members shall be chosen equally from lists of names each list containing the names of ten registered physicians submitted by the State Medical Societies of the Commonwealth of Pennsylvania, to the intent that the three systems of medicine, *i. e.*, homœopathic, allopathic and eclectic be equally represented thereon, and provided further: That no two members shall be residents of the same county. In default of the submission of such lists, the appointments shall be made by the Governor at his discretion from among the registered physicians of the Commonwealth having the qualifications specified in this section.

Every appointment to fill a vacancy, or vacancies, in the said Board, shall be for the unexpired term, and the said vacancy, or vacancies, shall be filled by the Governor within sixty days after notification of the same, in accordance with the provisions hereinbefore stated; and he shall have power to remove any member of said Board for criminal, scandalous or dishonorable conduct.

SECT. 2. The said Board shall be known by the name and style of THE STATE BOARD OF MEDICAL EDUCATION OF THE COMMONWEALTH OF PENNSYLVANIA, and shall have a common seal, and may make and adopt all necessary rules and regulations and by-laws, not inconsistent with the Constitution and laws of this Commonwealth, or of the United States, and shall have power to locate and maintain an office for the transaction of its business.

Five members of said Board shall constitute a quorum.

SECT. 3. The Board shall meet at least twice each year, at such times and places as they may determine upon after the first meeting, which shall be held within sixty days after their appointment at such time and place as the Governor may direct, at which time, and annually thereafter, they shall organize by the election from their own number, of a President and a Secretary who shall also act as Treasurer. Provided: That the President and Secretary are not of the same school of medicine.

SECT. 4. No member of the Board except the Secretary shall, as such, receive any salary; but the actual traveling and other expenses of any member, while engaged in the actual duties of the Board, shall be allowed and paid on presentation to, and approval by, the Auditor-General, of an itemized account with vouchers annexed.

SECT. 5. It shall be the duty of said Board of Medical Education, to make all regulations as to the extent and character of the preliminary education, which shall be required of all students of medicine, and notify the dean of each medical college of the same. Any change in the standard required, must be announced by the Board at least one year prior to going into effect.

SECT. 6. The Board of Medical Education shall fix the minimum curriculum, and length of course of studies requisite to graduation. Provided: That the course shall not be less than four years, which shall include three annual terms of lectures. The Board shall delegate one or more of their number, who from time to time shall make an inspection of the methods of instruction employed, and the facilities for teaching, in each such medical college, and annually report the same to the Board.

SECT. 7. It shall be the duty of the Board to issue, under seal, to each graduate of such medical colleges as upon evidence of the dean and the secretary, or registrar of the same, shall have conformed to the requirements of the Board as herein before provided, a certificate duly setting forth such facts. Such certificate shall entitle said graduate, to register in any county of the State, in accordance with the act entitled, "An Act to provide for the registration of all practitioners of medicine and surgery" approved June 8, Anno Domini 1881.

The fee for such certificate shall not exceed two dollars.

A similar certificate may be granted to graduates of medical colleges of other States,

who may desire to practice medicine or surgery in this State, provided that such colleges stand approved by the Board of Medical Education of this Commonwealth as maintaining a standard in every respect, preliminary and final, equal to that required of the medical colleges within this Commonwealth.

The fee for such certificate shall not exceed five dollars.

Graduates of colleges having a lower standard than that required by the Board of Medical Education of this Commonwealth, may receive the certificate of the Board upon a satisfactory examination before said Board. Such examination shall be in writing, and shall apply to the preliminary education, as well as the medical knowledge of the applicant. Provided: That all questions pertaining to materia medica, and therapeutics, shall be propounded and acted upon, by members of the Board of the same school of medicine with the applicant.

The fee for each such examination shall be twenty dollars.

All examination papers shall be kept upon file, and open to inspection, for a period of two years in the office of the Board.

SECT. 8. If upon investigation the Board of Medical Education discovers, that after the passage of this act, any medical college within this Commonwealth, has granted the degree of doctor of medicine to any person, or persons, deficient in respect to either the aforementioned preliminary or final educational requirements, or that any medical college within this Commonwealth, has conferred the degree of doctor of medicine upon any person, or persons, without having passed a final examination, it shall be the duty of the Board to notify the dean of said college of such fact, and proceed against such college for such infringement of the law. The penalty for a first offense, shall be a fine of not less than two hundred nor more than one thousand dollars. For a second offense, a fine of one thousand dollars shall be imposed, and the certificate of the Board of Medical Education shall be withheld from future graduates of said college, except upon examination before said Board, as provided in Section 7 of this act. In case of conviction for a third offense, the charter of such college shall be annulled.

SECT. 9. The Board of Medical Education is hereby authorized and empowered, to bring suit for the collection of such fines

and imposition of such penalties, in the courts of the county wherein such college may be located.

All fees and fines collected by said Board shall be paid to the State Treasurer.

SECT. 10. After the first day of June, 1892, no physician shall be permitted to register in any county of this Commonwealth except upon presentation of a certificate as provided for in Section 7 of this Act, whereupon he or she shall be entitled, upon the payment of one dollar, to be duly registered in the office of the Prothonotary of the Court of Common Pleas in the said county; and any persons violating the provisions of this Act shall be guilty of a misdemeanor, and, upon conviction thereof in the Court of Quarter Sessions of the county where the offense shall have been committed, shall pay a fine of not less than fifty, nor more than five hundred dollars for each offense.

SECT. 11. Nothing in this Act shall apply to commissioned medical officers of the United States army or navy or of the United States marine hospital service, nor to any member of the house or resident staff of any legally chartered medical college or university or hospital during his or her term of service therein, nor to physicians of other States meeting duly registered physicians of this State in consultation, nor to those practicing denistry exclusively, nor in any manner whatever prevent or interfere with the dispensing and sale of medicines or medical appliances by apothecaries or pharmacists, and nothing in this Act shall be construed to prohibit the practice of medicine and surgery within this Commonwealth by any practitioner who shall have been duly registered before the first day of February, 1892, according to the terms of the Act entitled "An Act to provide for the Registration of all Practitioners in Medicine and Surgery" approved the 8th day of June, Anno Domini 1881.

SECT. 12. The Board shall make to the Governor, on or before the first day of December of each year, a full report of the work of the Board for the year.

SECT. 13. For the purpose of this Act, the words "practice of medicine or surgery" shall mean to treat, or attend, any person for money, gift or reward.

SECT. 14. The sum of two thousand dollars is hereby appropriated, to meet the necessary and legitimate expenses of the said Board.

SECT. 15. Section 4 of an Act entitled

"An Act to provide for the Registration of all practitioners of Medicine and Surgery" approved the eighth day of June, Anno Domini 1881, is hereby repealed.

Endorsing Medical Examiners' Bill.

At an informal meeting of a number of well-known physicians, held in Philadelphia this week the bill to establish a State Board of Medical Examiners and Licensers, prepared by the Committee on Legislation of the State Medical Society and presented to the House of Representatives last week by Representative Riter, was carefully considered. It was concluded that the bill is in the interest of public welfare and a resolution was adopted that "the medical profession should give its heartiest support to the bill."

Those present at the meeting were: Drs. S. Weir Mitchell, J. M. DaCosta, William Pepper, William W. Keen, William H. Waugh, J. W. Holland, James Tyson, Clara Marshall, James W. Walk, Charles W. Dulles, Hobart A. Hare, Edward Jackson, Edward H. Montgomery, William H. Parish, Horatio C. Wood, Lawrence F. Flick and John B. Roberts.

Philadelphia Polyclinic.

At the annual meeting of the Philadelphia Polyclinic and College for Graduates in Medicine, held at its building, Lombard, above Eighteenth street, January 12, 1891, the Trustees reported that the past year had been one of great activity in the institution and continued. The occupancy of the new building on December 29, 1890, was made possible by the generous contributions that have been received during the past two and one-half years. The furniture required for eleven rooms, the entire outfit of the apothecary shop, the electrical apparatus for the Nervous Department, and the outfits for the Orthopedic and Photographic Departments, are the most important of these contributions.

During the year just closed four free beds have been endowed upon the progressive endowment plan, and an agreement has been entered into with the Nurses' Beneficial Association whereby any member taken sick in the pursuit of her calling is cared for, free of cost, in a room perpetually endowed by the association.

There were, during the past year, a greater

number of pupils than ever in the college department, and more patients in the hospital. The new building will provide accommodations in its four wards for about forty-three patients and private rooms for eight to twelve patients.

The Board of Public Charities has recommended the Legislature of the State to make an appropriation of \$40,000, which is a recognition by that discerning body of the importance and needs of the institution.

Three new chairs have been created in the departments of surgery, diseases of the eye and diseases of the throat and nose, to be occupied respectively by Dr. John B. Deaver, Dr. S. D. Risley and Dr. Arthur W. Watson, who have been elected Professors.

The Copyright Bill.

Speaking of some of the effects that will follow the passage of the International Copyright bill, the Editor of *Harper's Weekly* says: The passage of the International Copyright bill by the House of Representatives is an event of great importance. It will pass the Senate probably without delay, and the President has already expressed his approval of it. This is the final success of an intermittent effort of more than fifty years, during which the most eminent American statesmen have advocated the measure, and projects of law and treaties have been carefully discussed. The opposing forces have been of various kinds. Chiefly they have been the general conviction that literary property is different in kind from other property, and that the law has acknowledged the difference; that the measure would heighten the prices of books; and that it was not for the interest of American printers and publishers.

The reciprocity of action upon the part of other governments which the act contemplates will follow its passage, and then the results of the measure will appear. Its effect is, in brief, to extend the author's copyright to all countries in which his work is sold, without injury to the interest of the local manufacturer and publisher. It removes from a great industry the imputation of unfairness, and throws off the burden which has hitherto oppressed literary effort in this country. The bill is emphatically a measure of fair play, which will inevitably promote a friendly feeling between all the countries which it affects. In the first week of the session the House has led the way in

legislation which honest men in every country will approve. [It is to be feared that *Harper's Weekly* has been too sanguine about the passage of a bill the chief interest of which is moral.]

Bone Grafting.

Mr. A. G. Miller, in the *Lancet* for September 20, reports the history of a case in which he used decalcified-bone chips successfully to fill up a large cavity in the head of the tibia. A piece of the rib of an ox was used, being first scraped and then decalcified in a weak solution of hydrochloric acid. After cleansing by pressure, it was placed for forty-eight hours in a carbolic-acid solution, one to twenty, then removed, and cut into small pieces. During the scraping out of the cavity in the knee, preparatory to the grafting, a number of small pieces of bone were removed. These were placed in a solution of boric acid for use later in the operation. The cavity was then stuffed with the decalcified-bone shavings, the pieces of fresh bone being added last. The cavity thus filled was about two inches in diameter. Granulation and healing took place rapidly; the only pieces of bone that became necrosed were from the patient's own body. Mr. Miller is convinced, from his observation of this case, that the healing of large bone cavities, the result of injury or disease, is greatly facilitated by stuffing them with decalcified-bone chips, that these are superior to fresh bone, and that fresh bone not only is of no use, but actually hinders the process of granulation. *New York Medical Journal*, November 29, 1890.

Public Health in New Jersey.

In the annual message to the Legislature by the Governor of New Jersey, attention is called to the gradual increase of typhoid fever in most of the cities of the States. This is accepted by sanitary authorities as indicating inadequate sanitary administration. To protect the people from this and other pathogenic diseases, the Governor says there should be systematic house inspection, and the removal of waste products in cities should be systematically and rigidly enforced. Attention is called to the Tenement-house law, in force in New York, as being one which would aid in securing more healthful homes for the people. It is stated that the use of wells and cesspools in cities

of over five thousand inhabitants is generally such that there should be prohibitory or strong legislative regulations.

The message contains a recommendation that summary control should be given to the State Board of Health or some proper authority over streams of potable waters so as to prevent their pollution, and further recommends that the impounding of waters for artificial lakes should be restrained by law, as such acts cause partial stagnation, and thereby render the locality subject to disease; also power be given to the State Board to act in cases of local nuisance where the authorities of the district fail to act.

The Relief of Pruritus.

The *Medical Record*, December 20, 1890, says:

Itching is of various kinds, and depends upon a great variety of cutaneous lesions. In some instances there are no eruptive features connected with sensation, and we have an independent disease without eruption, excepting such as continual scratching will produce. In the *Record* of October 18, we published a scientific study of "The Sensation of Itching" from the pen of Dr. Bronson, which points out the reasons why people itch. What will stop the itching is a question which is of equal interest both to the sufferer from pruritis and the physician called upon to relieve it.

Dr. Bronson tells us, among other things, that scratching relieves itching by directing the excitation into freer channels of sensation sometimes, especially when severe, substituting for the pruritis either painful or voluptuous sensations. It is scarcely ever necessary for the physician to prescribe this means of relief. It has been a household remedy for ages, and the infant has mastered its application before it graduates from the cradle. More frequently we have to order our patients not to scratch, because the relief attending the act is evanescent, and the damage done to the skin in a moment may take weeks or months to repair.

It is needless to say that this injunction can frequently not be enforced by any means short of the straight jacket.

Fortunately there are a few, out of the many recommended, drugs for the relief of pruritus, which have a more or less pronounced and lasting effect.

Menthol is not a new remedy in this sense, but it has of late received consider-

able attention. Dubreuil and Archambault have studied its effects in a variety of pruriginous affections, and find that with it they can succeed in calming itching of whatever nature it may be, but that it has its greatest effect in those cases where scratching provokes or keeps up the lesion of the skin and the pruritus. This is particularly true of urticaria, certain eczemas, and the pruritus following scabies after the itch mites have been destroyed.

In urticaria a ten per cent. solution in alcohol or almond-oil can be employed, and in the acute and subacute forms is said to be capable of bringing about a speedy cure. For itching eczemas a five to ten per cent. solution in oil may be used, or from two to five per cent. of menthol may be added to oxide of zinc ointment. Upon excoriated surfaces and mucous membranes, care must be exercised not to use too strong applications, as a disagreeable sensation of burning may be determined, and for such parts an oily rather than an alcoholic solution should be chosen. Again, applications should not be made to the whole surface at once, since the sensation of cold which accompanies the anæsthetic action is in some cases extremely disagreeable.

In pruritus ani, perineal and genito-crural eczema, the results of treatment by menthol are said to be very favorable. We must not confound pruritus, as a symptom of numerous cutaneous diseases, with pruritus, an independent disease of nervous origin. In the former the underlying skin affection must be treated in an appropriate way, while anti-pruritics are relied upon to secure as much relief as possible.

Use of the Obstetrical Department of the Philadelphia Hospital for Teaching.

At a meeting of the Board of Charities and Correction, January 12, a committee appointed to consider the application of Dr. B. C. Hirst, one of the obstetricians to the Hospital, for permission to use the obstetrical department of the Philadelphia Hospital for the purpose of instruction to students, submitted an answer, in which they said they were fully aware of the importance of furnishing means for the education of physicians by the use of the hospital; but declined to approve of Dr. Hirst's proposition.

In face of the assurance that the possibil-

ity of infection was excluded, they said there was a possibility that proper precautions might be disregarded. The answer of the committee also alluded to the position taken by the late Miss Fisher, head nurse of the hospital, who had said that such a use of the department should not be permitted on any terms while she was living, and stated that the same opposition was felt by the present head nurse.

They also said if they felt bound to protect a corpse from examination in the cause of science, could they, with propriety, compel a living woman to submit to such exposure as is inevitable in the proposed scheme as the price of admission to a public hospital? They, therefore, declined the request, and put their answer on record for the information of their successors.

Nothing New Under the Sun.

The *Edinburgh Medical Journal*, December, 1890, says that it is curious to find that something like the present-day theories of a struggle between the microbes and leucocytes must have been in vogue more than a century ago, otherwise this bit of satirical burlesque could scarcely have been written and played.

Persons—The Devil as Hellebore, President of the College; Dr. Last, a new Licentiate; other Doctors and Pupils.

Hel. . . . Proceed we now to the lecture! Brethren and students, I am going to open to you some notable discoveries that I have made respecting the source or primary cause of all distempers incidental to the human machine. And these, brethren, I attribute to certain animalculæ of piscatory entities, that insinuate themselves through the pores into the blood, and in that fluid sport, toss and tumble about, like mackerel or cod-fish in the great deep. And to convince you that this is not a mere *gratis dictum*, an hypothesis only, I will give you demonstrative proof. Bring hither the microscope!

Enter a SERVANT with a microscope.

Dr. Last, regard this receiver. Take a peep.

Last.—Where?

Hel.—There. Those two yellow drops there were drawn from a subject afflicted with the jaundice.—Well, what d'ye see?

Last.—Some little creatures like yellow flies, that are hopping and skipping about.

Hel.—Right. Those yellow flies give the tinge to the skin, and undoubtedly cause the disease. And now for the cure! I administer to every patient the two-and-fiftieth part of a scruple of the ovaria or eggs of the spider; these are thrown by the digestive powers into the secretory, there separated from the alimentary, and then precipitated into the circulatory, where finding a proper nidus or nest, they quit their torbid state, and vivify, and upon vivification, discerning the flies, their natural food, they immediately fall foul of them, extirpate the race out of the blood, and restore the patient to health.

Last.—And what becomes of the spiders?

Hel.—Oh! they die, you know, for want of nutrition. Then I send the patient down to Brighthelmston, and a couple of dips in the salt water washes the cobwebs entirely out of the blood.—From Foote's *Devil on Two Sticks*.

Action of Salol on the Kidneys.

In a report in the *Centralblatt für Chirurgie*, October 25, 1890, it is stated that Kobert has pointed out a possible danger in the use of salol which is of importance. Salol is so constituted that it undergoes conversion into carbolic acid in the system of an animal, so that any dose is equivalent to about one-third the same quantity of carbolic acid. Hesselbach ordered for a strong girl, twenty-two years old, with acute articular rheumatism, fifteen grains of salol to be taken every two hours; but she was given by mistake double this dose, so that in eight hours she took 120 grains. This was followed by sopor, suppression of urine and death in four days.

Kola Essence Stimulant.

The *Chemist and Druggist*, November 29, 1890, gives the following formulæ for kola cordials, or what it calls "pick me ups."

R Tincture of kola (1 in 20) 1 ounce
Essence of vanilla 40 minims
Simple syrup 4½ ounce
Water to 8 "

Mix.

Dose: An ounce or more.

Roast kola nuts like coffee, grind and

make into a fluid extract (1 in 2) with 25-per cent. spirit. Use this in the following:

R Fluid extract of kola 10 drachms
Tincture of canella (1 in 10) 1 drachm
Essence of peppermint 8 drops
Mucilage 4 drachms
Syrup of orange 1 ounce
Water to 5 "

Mix.

Dose: From a dessert to a tablespoonful three or four times a day.

If the latter preparation is to be kept long it is the better for the addition of a half drachm of spirit of chloroform to each ounce.

NEWS.

—Mr. Edward Bellamy, F. R. C. S., senior surgeon of Charing-cross Hospital, London, died January 4, at the age of forty-eight years.

—A meeting was held at Elmira, N. Y., January 16, at the office of Dr. H. A. Argue for the purpose of establishing an academy of medicine.

—It is reported from Upper Sandusky, Ohio, that Dr. Neal Hardy recently amputated at the hip joint, after opening the abdomen, so that an assistant might compress the aorta.

—Dr. Jacob H. Gallinger, who was, on January 20, elected to succeed Mr. Blair as a United States Senator from New Hampshire, is 53 years old. He began life as a printer's boy, and has been by turns a printer, editor and physician.

—The State Board of Medical Examiners of Colorado met January 6, 1891. Only four candidates appeared for examination, though some thirty or forty applications were on file. Nothing outside of the usual routine business came up for consideration.

—On January 22, Prof. Sonnenburg exhibited at the Charity Hospital, Berlin, a consumptive patient who had been subjected to a surgical operation upon the chest after inoculation with Koch's lymph. The patient was said to have improved decidedly.

—It is reported under date of January 26, that a drug trust, with a proposed capital of \$60,000,000, has been proposed to some wholesale drug manufacturers in Detroit, Michigan, by a promoter from New York, who represents capitalists in New York and London.

—A "Central Throat Hospital and Polyclinic Dispensary" has been started in Brooklyn, and is apparently endeavoring to supplant the Brooklyn Throat Hospital, which has been in operation for about two years. Sharp rivalry and sharp practice seem to characterize the competition.

—At the annual meeting of the Lackawanna County, Pa., Medical Society, January 13, officers for the ensuing year were elected as follows: President, Dr. Paine; First Vice-President, Dr. Barnes; Second Vice-President, Dr. Pennypacker; Secretary and Treasurer, Dr. Ward; Censor, Dr. Gardner; Librarian, Dr. Gardner.

—The President has received a package from Minister Phelps, at Berlin, containing five vials of Koch's lymph, and he has distributed them as follows: Two vials to Surgeon-General Hamilton, of the Marine Hospital Service, Washington, and one vial each to the Polyclinic Hospital, of Chicago, the Charity Hospital, of New Orleans, and the City Hospital, of Indianapolis.

—At the annual meeting of the Camden (N. J.) Medical Society, January 8, 1891, the following officers were elected: President, H. F. Palm; Vice-President, Alexander McAllister; Secretary, Joseph H. Wills; Treasurer, George T. Robinson; Reporter, Daniel Strock; Librarian, H. F. Palm; Standing Committee, H. Genet Taylor, A. M. Mccray and E. P. Townsend.

—Judge Allison, in the Court of Common Pleas of Philadelphia, decided on January 24, that members of the medical staff of the Philadelphia Hospital are neither officers, subordinate officials nor employes of the city, and that under the rule which the Mayor and heads of departments had power to make, it is the duty of the Board of Charities and Correction to elect the hospital staff annually.

—At the annual meeting of the Montgomery County, Pa., Medical Society, held January 21, the following officers were elected for the ensuing year: President, George N. Highley, Conshohocken; Vice-Presidents, G. F. Hartman, Port Kennedy, and Mabel W. Moore, Norristown; Recording Secretary, H. H. Whitcomb; Corresponding Secretary, J. K. Weaver; Treasurer, E. W. Corson.

—Dr. William J. McClure, aged 53, died at York, January 24. He represented Adams county in the Legislature in the session of 1877-78. He was also Coroner of this county from 1867-70, and held other

offices prior to his removal to York, in 1880, to practice medicine. He was a graduate of the Baltimore City College and a member of the York County Medical Society. He was a native of Madison county, Indiana.

—William Faulk, living at Laurel Station, Pa., killed his wife in a fit of religious frenzy on January 23. The next day a warrant was issued for the arrest of George Knauff as an accessory before the act. Faulk declares his religious insanity was inspired by the hypnotic influence of Knauff, who claimed to be another Messiah, and ordered him to kill his wife. This Faulk did, and officers are now hunting Knauff, who has disappeared.

—The newspapers have been stirred up by the assertion that on January 18, one hundred and thirty-two Knights Templar contributed pieces of their skin to surgeons, who transferred them to a fellow-member, who had had a cancer removed from his thigh. Enough skin was secured to cover one hundred and forty-four square inches of surface. The operation took place in the Emergency Hospital, in Chicago, and it was said that the result would not be known for ten days.

—The death of Henry M. Martin, Surgeon in the United States Navy, was announced January 19, 1891. He was born in Philadelphia. He was appointed Assistant Surgeon in the navy May 21, 1870, and was promoted to Passed Assistant Surgeon on June 8, 1874. He was with the Alert, on the Asiatic Station, from 1875 to 1878, and was promoted Surgeon on April 24, 1884. He was attached to the receiving ship, St. Louis, at League Island, from 1886 to 1888, and afterwards to the Swatara, on the Asiatic Station. He was retired in November last on account of ill health.

OBITUARY.

ROBERT A. TAYLOR.

Dr. Robt. A. Taylor, a promising young physician of Duluth, died December 21, 1890, age 31, of typhoid fever. Dr. Taylor was a graduate of the Jefferson Medical College, Class 1886. He served one year at Blockley Almshouse as resident physician. Dr. Taylor was gathering about him a very large practice. Surgery was his special forte. He leaves a wife and one child to mourn his loss. His remains were brought on to this city for interment.